

REPORT  
FROM THE  
SELECT COMMITTEE  
ON  
NURSING HOMES  
(REGISTRATION)

TOGETHER WITH THE  
PROCEEDINGS OF THE COMMITTEE, MINUTES  
OF EVIDENCE, APPENDICES AND INDEX.

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*Ordered, by The House of Commons, to be Printed,  
6th July, 1926.*

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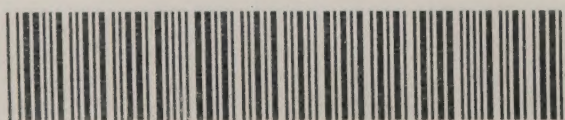
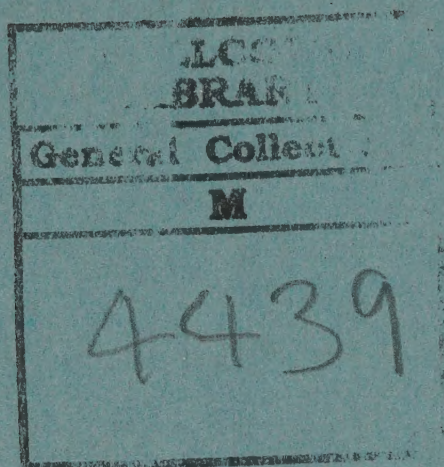
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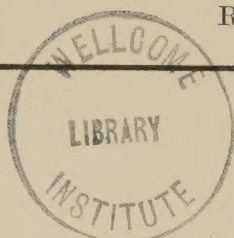
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ORDER OF REFERENCE.

[*Tuesday, 2nd March, 1926*]:—Nursing Homes (Registration),—*Ordered*, That a Select Committee be appointed to consider and inquire into the question of the inspection and supervision of Nursing Homes and to report what legislation, if any, is necessary or desirable for this purpose.

Sir Cyril Cobb, Dr. Vernon Davies, Captain Ernest Evans, Sir Leolin Forestier-Walker, Mr. Hurst, General Sir Richard Luce, Mrs. Philipson, Major Price, Dr. Salter, Miss Wilkinson, and Mr. Cecil Wilson *nominated* Members of the Committee.

*Ordered*, That the Committee have power to send for persons, papers, and records.

*Ordered*, That Three be the quorum.—(*Colonel Gibbs.*)

[*Friday, 12th March, 1926*]:—Nursing Homes (Registration),—*Ordered*, That Dr. Salter be discharged from the Select Committee on Nursing Homes (Registration).

*Ordered*, That Dr. Shiels be added to the Committee.—(*Colonel Gibbs.*)

[*Friday, 26th March, 1926*]:—Nursing Homes (Registration),—*Ordered*, That Sir Leolin Forestier-Walker be discharged from the Select Committee on Nursing Homes (Registration).

*Ordered*, That Mr. Haslam be added to the Committee.—(*Colonel Gibbs.*)

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The cost of preparing for publication the shorthand Minutes of the evidence taken before the Committee was £92 0s. 2d.

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## REPORT.

THE SELECT COMMITTEE appointed to consider and inquire into the question of the inspection and supervision of Nursing Homes and to report what legislation, if any, is necessary or desirable for this purpose, have agreed to the following REPORT :—

1. Your Committee have held 14 meetings and examined 36 witnesses, among whom are included representatives from the Ministry of Health and the following Associations :—

The College of Nursing ;  
 The British Medical Association ;  
 The Society of Medical Officers of Health ;  
 The Royal British Nurses Association ;  
 The Association of Municipal Corporations.

Your Committee have also heard evidence from persons engaged in the administration of matters relating to public health in both urban and rural districts ; medical practitioners ; matrons or proprietors of nursing homes ; nurses and members of the general public, who have had direct personal experience of nursing homes, either as patients or visitors ; and a representative of the Christian Science Organisation. Your Committee examined one witness in private, who, for professional reasons, which your Committee felt not to be unjustified, did not desire that her evidence be reported. In certain other cases, for the same reasons, the names of witnesses have not been given.

2. Your Committee interpret their Order of Reference to cover two questions, the second being contingent upon the answer given to the first,

(i) Whether the general conditions under which nursing homes are conducted render it advisable or necessary, in the public interest, that these institutions should be liable in some degree to the supervision of a public body.

(ii) If the need for some form of supervision be shown to exist, then to what degree and in what manner should this be provided in order to be most effectively exercised.

3. The somewhat vague term “ nursing home ” is commonly used to cover a variety of institutions differing greatly in character and type. It is clear that any institution that may



properly be called a nursing home must habitually cater for patients, who, in some degree, are incapable of looking after themselves, and consequently require more or less constant attention, and from the nature of their complaints may be unable to leave the home. Broadly speaking, a nursing home differs from a hospital in that it is carried on for purposes of profit.

Qs. 111, 112

It has been suggested to your Committee that a definition should be so framed as to include any premises used, or intended to be used, for the reception of persons suffering from any sickness, injury, or bodily or mental infirmity for the purpose of providing such persons with nursing, where any payment or reward is made, or promised by, or on behalf of any person so received. Such a definition would include both the paying wards of a hospital and any private dwelling-house so used by whomsoever owned, irrespective of the number of patients accommodated. As framed it would apparently cover homes providing for every type of mental infirmity whether certifiable or otherwise, but would exclude those premises or parts of premises used for the reception of women in childbirth.

This definition is one which must be weighed in connection with the further considerations which have been stated in paragraphs 20 and 35 below, but subject to these considerations your Committee have used it as a working basis for their inquiry.

4. The various types of institutions which normally fall within the meaning of the words "nursing homes" may be classified in many different ways in accordance with the point of view taken up. If their general functions be classified, they fall roughly into five categories, namely, the provision of accommodation for :—

- (i) Medical and/or surgical cases.
- (ii) Maternity cases.
- (iii) Cases requiring special observation and treatment.
- (iv) Senile and other chronic cases.
- (v) Convalescent cases.

The functions falling into the first two categories are similar to those exercised by a hospital, but the demand for nursing homes in these cases arises from those patients who can afford to pay for their treatment and desire both greater privacy and more home-like conditions than can be obtained in a public ward of a hospital, or whose means render them ineligible for certain general hospitals. The third category provides for a class of patient whose requirements are not fully met by any other institution. The fourth category provides mainly for that class of persons who do not desire to incur the stigma of a Poor Law institution. The title of the fifth category is self-explanatory.

Qs. 2397,  
2822, 3630.  
Cf. App. II.

5. Although it is possible to classify the functions which nursing homes generally fulfil it is not nearly so simple a matter



to classify individual homes in terms of these functions. Your Committee have had abundant evidence of the existence of homes that cater for two or more of these categories simultaneously, and which may even combine the taking in of patients with the letting of rooms to lodgers. The type of building occupied may range from a specially built, properly equipped private hospital to a totally inadequate, frequently insanitary dwelling-house. The person or body of persons in virtual control of the establishment may be a committee, a medical practitioner, a qualified nurse, or a totally unqualified individual, carrying on the home as a main or subsidiary business proposition. In this connection it is pertinent to note an answer given to your Committee:—"You cannot have an unqualified person in the case of a nursing home." This aptly illustrates the present state of the Law. Q. 2540. Qs. 32, 33.

6. The state of affairs existing to-day, therefore, may thus be summarised:—

Throughout the country there are many institutions (the actual number could not be ascertained) of very different kinds, both as regards the type of patient catered for and the nature of the building occupied; under various conditions of ownership and management carried on mainly or entirely for purposes of gain; and grading almost imperceptibly at one end into the lodging house, and at the other into the large public hospital; but which, taken together, may be regarded as forming a legitimate industry meeting definite needs. App. I. Qs. 1883-1885, 2791.

7. First it was necessary for your Committee to satisfy themselves as to the existence of any real need or widespread demand for the control of these institutions. On the one hand they have been informed by the Ministry of Health and the British Medical Association that no considerable number of complaints as to the conduct of nursing homes, apart from those homes devoted to maternity cases, have reached either of these bodies. Qs. 18, 22-24, 196, 269, 285.

The Ministry of Health have stated their position to be that although they are in favour of the registration and inspection of maternity homes in the fulfilment of their functions in regard to public health and child welfare, they are not aware of any conditions which would make it advisable to interfere, by means of control or supervision, with what, as your Committee agree, may be regarded as a legitimate industry. They stated, however, that if a case is made out they would have no objection to the principle of registration. Qs. 24, 25. Q. 23.

The British Medical Association take the line that while ignorant of the existence of widespread abuses, they do not object to a scheme of registration, provided that:—(a) the registration authority shall delegate its duties to a Committee upon which both doctors and nurses shall be represented; (b) medical records and case sheets shall not be open to the inspection of any Qs. 129-135. Qs. 136-145, 184-188, 233-241, 297-299, 316-322.



Qs. 146-157, 242-250. lay body or its representative; (c) doctors who receive patients for treatment into their private homes shall be exempt from registration, or at any rate, exempt from inspection, since the medical profession is under the General Medical Council for disciplinary purposes.

Qs. 367-377. On the other hand the College of Nursing claim that there is a real need for inspection and supervision for the protection of the sick public and that a considerable demand exists, at least within the nursing profession, for the exercise of some form of control to ensure that at any rate a proportion of those who are in charge of the nursing of the sick should be State Registered Nurses. In support of this contention the College of Nursing have submitted to your Committee statements in support of registration and inspection signed by over 300 matrons and/or owners of nursing homes.

App. IV.

Qs. 3062-3068, 3156. The Society of Medical Officers of Health state that they are convinced of the urgent need for registration of maternity homes and still more, for the registration of other nursing homes, that Cf. Qs. 974-977. the registration of all nursing homes is a most necessary corollary to the registration of maternity homes, and that privately-managed nursing homes form the source of constant complaints to medical officers of health all over the country, but no powers exist, at present, whereby such complaints may be investigated and the matter put right.

Upon the evidence adduced before them, your Committee are of opinion that the existence of a genuine need for the registration and supervision of nursing homes is fully established. The absence of representations to the Ministry of Health in this matter is, in your Committee's opinion, due to the non-existence of any well recognised channel for making complaints and to the fact that no official investigation has ever been held.

8. As has been stated in paragraph 4, nursing homes frequently make provision for the reception of maternity cases. Apart altogether from the question as to whether there is any public demand for control, or whether any abuses exist in connection with this class of case, justification for control will be found in the fact that maternity cases are sharply differentiated from all other cases in that the patient seeks treatment for a particular condition with regard to which, by the passing of the Maternity and Child Welfare Acts and the payments of grants in aid, the State has recognised a special liability in relation to maternity and infant welfare. Under the Midwives Acts the practice of midwifery by unqualified persons habitually and for gain is prohibited. Your Committee agree that for obvious reasons the enforcement of this prohibition is a matter of great importance, and that without the power of registration and inspection abuses cannot be effectively detected and checked.



Under certain Local Acts such powers are already exercised, and general legislation on the same lines is now before Parliament.

9. On the above grounds and from the experience derived from the supervision already exercised in regard to maternity cases it remains to be demonstrated that an equivalent need exists in regard to other cases.

Your Committee have received a number of complaints of a varied nature. These complaints arise from three sources :—

(1) *Doctors*.—Mainly directed to structural and sanitary defects in the buildings used as nursing homes, and to the lack of proper provision and equipment in regard to surgical cases. Qs. 1578, 2540, 2932, 2933, 3066, 3522. Cf. 2364–2369.

(2) *Nurses*.—Mainly directed to inadequate accommodation both for patients and for staff; the provision of bad and insufficient food; inadequacy, or even total absence, of staff; the lack of training or absence of any qualifications among the staff; and even the undesirable habits of persons in charge. In consequence of these conditions patients may be, and often are seriously neglected. Qs. 375–379, 738–756, 1470–1544, 1919–1922, 2094–2099, 3201–3208, 3669–3684.

(3) *Patients*.—The evidence received from the patients themselves contains similar complaints to those put forward by the nurses, though necessarily as viewed from the particular standpoint of the patient. Qs. 714–737, 1716–1720, 1790–1803, 1878–1907, 2193–2203, 2250–2268, 3742.

10. These complaints may best be considered under four main headings :—

(i) *Structural*.—That by far the greater number of houses used as nursing homes have been built originally as ordinary dwelling houses and in many cases have not been adapted in any way to meet their changed requirements. Staircases are frequently steep and narrow, and since the structure of the house may make it impossible to provide a lift, the proper transportation of patients becomes exceedingly difficult. Many homes which cater for surgical cases are without any form of operating theatre, and consequently operations have to be carried on in the patient's bed-room with all the attendant difficulties in regard to lighting, heating, ventilation, and adequate disinfection. The kitchen arrangements are inconvenient and, it is stated, in a certain class of home frequently insanitary and without any proper provision for the storage of food. The lavatory accommodation is often insufficient and insanitary.

(ii) *Accommodation*.—That in a certain class of smaller and cheaper home there is insufficient and insanitary accommodation both for patients and for nurses. The rooms used as wards are small and badly ventilated, over-crowded and frequently in a very dirty condition. There are no



proper arrangements for the removal of soiled linen, refuse and excreta. In the rooms provided for the nursing staff there is considerable over-crowding. This may happen even in the better class homes. In some cases the rooms are quite unsuitable for use as bed-rooms and their restricted size prevents the provision of a sufficient number of beds. Consequently, night nurses may have to sleep not only in the beds but, owing to the inadequate supply of linen, even in the sheets just vacated by the day nurses. No off-duty rooms or sitting-rooms are provided. No room is set apart as a theatre, or if it is, it is also used for other purposes.

(iii) *Staff*.—That matrons are often completely unqualified. There are frequently no qualified nurses and the nursing is carried on by house-maids. The number of nurses available during the day-time is quite insufficient to deal properly with the patients in their charge and this insufficiency is even greater at night. Several cases have been reported where it is alleged that the matron or person in charge is frequently drunk. In other cases there is no staff at all beyond the keeper of the home and perhaps her husband or a relative.

(iv) *Neglect of Patients*.—Owing to insufficiency or lack of qualification in the staff, patients particularly of the senile chronic type, are stated to be left entirely to administer to their own wants although often quite incapable of doing so. That they frequently develop bed-sores due to prolonged neglect. They are rarely washed. The bed linen is changed at very infrequent intervals, even when soiled. The rooms are verminous. No adequate protection is taken to prevent dissemination of contagious or infectious diseases, and frequently patients are unable to obtain any assistance when they require it. The food is scanty and often quite unsuitable, and has to be supplemented by the patients themselves or their friends. Elderly and senile patients, practically put away in a cheap home by relations who take little or no further interest in them, suffer great indignities, are very unhappy and too frightened to make any complaint. In one case no proper provision was made for the removal of a patient, who had died, from the room in which other patients were still accommodated.

11. After making due allowances for the different sources from which your Committee have received evidence they consider that three facts clearly emerge :—

(i) That the dwelling house converted into a nursing home with its many structural deficiencies which cannot be overcome, is, at any rate, in acute surgical cases a very poor and expensive substitute for the specially built, adequately equipped and staffed, hospital. It is of course true that at the present time there is a considerable demand

Qs. 333, 993.

Qs. 733, 734.



for nursing home accommodation and that in fulfilling this demand nursing homes serve a useful purpose. In stating this opinion your Committee do not intend to criticise the work carried out by well run nursing homes, for it is clear that in many cases the owners or managers of these homes are making the very best of structurally unsuitable buildings. Your Committee desire to emphasise their opinion that the future trend of development in regard to the provision of accommodation for the paying patient should run more along the lines of the provision of specially built and equipped private hospitals and homes and of the extension of the paying ward system in the existing big hospitals.

(ii) Your Committee have been deeply impressed with the urgent need for registration and supervision in that class of nursing home which caters for the poor senile chronic. It has been stated in evidence that it is impossible adequately to nurse and accommodate, in a private room, a patient Q. 3236. under £5 a week. Unfortunately there exists a large class of elderly persons who although they are capable of making some payment are quite unable to find a weekly sum of this order. Your Committee consider that the general application of registration and inspection will do much to alleviate the bad conditions and suffering undergone to-day by patients of this class, but they desire strongly to emphasise their opinion that this change cannot be regarded as a cure for these evils, but merely as a palliative. They feel that the problem can only be properly solved by the re-organisation of the Poor Law system, and with regard to the class of patient dealt with in this sub-paragraph by the provision of proper paying accommodation by local authorities to meet their needs.

(iii) It has been made abundantly clear to your Committee that the provision of accommodation for the nursing staff in nursing homes of all grades leaves very much to be desired. Your Committee feel very strongly that it is impossible for the nursing profession to give of its best unless its members are properly housed and adequately fed. Such conditions as have been described to your Committee not only re-act unfavourably upon the health of the individual nurses, but also cannot be conducive to the proper management and care of the patients. It is an unfortunate feature of this complaint that it cannot be said to be inapplicable even in the homes conducted by fully qualified persons whether belonging to the nursing or medical professions.

12. In view of this your Committee find that abuses do exist and are sufficiently prevalent particularly in the cheaper class of home, and the home catering for senile chronic cases, to render some form of supervision and inspection essential. They, there-



fore, recommend that legislation to give effect to this should be introduced at an early date.

13. It remains now to consider the most suitable means by which such supervision can be made effective. Your Committee have had the advantage of hearing evidence as to the actual effect of registration and inspection in the case of maternity homes in both London and Manchester. It is plain from this evidence that while registration has proved no deterrent to the supply of maternity homes, it has had beneficial effects upon the standard of efficiency amongst those homes passed as efficient by the supervising authority. The figures also indicate that a number of general nursing homes are already subjected, in regard to their provision of accommodation for maternity cases, to inspection and supervision and are, therefore, already familiar with this process.

Qs. 2386-  
2388,  
2475-2481,  
2789-2794.

Q. 2454.

Q. 2397.

14. Your Committee have been much impressed by one result of applying the scheme of registration to only one class of home, to wit, maternity homes, while leaving other homes unregistered and uninspected. Homes that have applied for registration for the acceptance of maternity cases have, in certain cases, been refused upon the grounds that the owner, apart from technical qualifications, is an unsuitable person, or that the buildings are unsuitable and insanitary for the conduct of a maternity home. Some of these homes on being informed that their application for registration as maternity homes had been refused diverted their attention to the reception of medical and surgical cases only. This position is one which hardly needs comment, for it is obvious that where a building, or person, or both are unsuitable on general grounds for the reception of maternity cases, they are equally unsuitable for the reception of medical or surgical cases, and yet under the present anomalous conditions such homes can continue their activities unembarrassed by any form of control.

Qs. 2798-  
2812,  
2827-2832.

Q. 2425.

Another effect of partial registration has been for the unsuitable homes to withdraw to just outside the limits of the registration area.

15. That there are special conditions which differentiate maternity cases from others received by nursing homes is fully recognised, and your Committee consider that the ideal arrangements would be to segregate all maternity cases into special maternity homes or special departments of combined homes. Although this policy is practicable in the larger homes, your Committee are informed that the smaller homes accommodating one or two patients would not be able to carry on if their activities were thus restricted. As can be readily understood, particularly in small areas, the demand for maternity accommodation is bound to be erratic in its incidence. Your Committee, therefore, while strongly recommending that

Qs. 2584,  
2585, 2822,  
2823.  
Cf. also Qs.  
3070-3077.



the aim of supervising authorities should be towards a policy of segregation, do not consider that it would be practical to enforce a condition of this kind.

16. Your Committee have had figures put before them, both for London and Manchester, which indicate that in individual homes the amount of overlapping in functions, as between maternity and other cases, is not inconsiderable. Since it is impracticable at present to alter this state of affairs, and since the practice of registration and inspection of maternity accommodation is already established in certain areas and will probably become general, it is clear that, unless the authorities entrusted with the supervision of maternity accommodation are the same as those to be entrusted with the inspection of general nursing homes, duplicate inspection of the same premises by different authorities must ensue. Obviously such duplication is to be avoided. It is not only administratively expensive and unsound, but it is bound to result in unnecessary trouble and annoyance to the managers of these homes.

17. Careful consideration has been given to the question as to which bodies can most properly be entrusted with these supervisory powers. Certain witnesses have pressed the need for centralisation under the Ministry of Health. Such a system could, in your Committee's opinion, only be cumbersome and expensive, as of necessity it would carry in its train the appointment of a number of new inspecting officers. On the other hand, it has been urged by the witness representing the Association of Municipal Corporations that the supervising authority should be the local authority. The result of such de-centralisation would inevitably lead to a wide divergence in the standard of efficiency. Local officers in small areas may, in all probability, be well known personally to the individual whose premises they have to inspect, and they may even have definite interests in and prejudices concerning certain homes in the district.

The general weight of the evidence from other witnesses, however, seems to favour the limiting of such powers to the larger municipal authorities, i.e., the county councils, county borough councils, and in London the London County Council. Although from the number and variation in size of these bodies a level standard of efficiency is not likely to be reached, it is felt that most county council and county borough council areas are sufficiently large to eliminate to a reasonable degree the difficulties due to the personal equation.

18. Your Committee, therefore, recommend that powers of registration and inspecting in regard to nursing homes should be given to county councils and county borough councils, and, in the case of London, to the London County Council.



19. Your Committee have considered the advisability of empowering supervising authorities to delegate the powers or duties conferred or imposed upon them to a committee appointed by them. Your Committee are of opinion that this suggestion has many merits and they agree with the representation made by the British Medical Association that, if the need for such committees is found to exist, they should invariably include members of both the medical and nursing profession.

20. In view of the considerations set forth in the preceding paragraphs, your Committee further recommend that in any legislation arising out of this inquiry, the definition of the term "Nursing Home," suggested in paragraph 3, should be extended so as to include those premises or parts of premises used, or intended to be used, for the reception of women in childbirth. Your Committee attach considerable importance to this recommendation. In spite of the recognised differences between maternity and other cases, your Committee consider that the practical difficulties of administration can only be adequately met by a scheme which includes all types of nursing home.

21. A number of witnesses have expressed their views as to the most suitable officer for carrying out the actual work of inspection. It has been strongly urged that inspections should be carried out by a qualified medical man, or woman, preferably by the medical officer of health or some similar officer on his staff and deputed by him. It has been pointed out that in many cases it would not be necessary to appoint special officers for the conduct of this work, in short, that it could be taken by medical officers of health in their stride. On the other hand, objections have been raised by a number of witnesses as to the ability of a medical man to inspect the efficiency of the nursing services and as to his capacity for criticising the domestic arrangements of a home. It is suggested that a medical man is not trained in the art of nursing, and that he would be slow to criticise or interfere with such matters, further, that he would not be likely to detect with the same ease, if at all, minor irregularities in the domestic arrangements, which although in themselves small, have a considerable cumulative effect upon the health and happiness of patients and nurses. A trained nurse, it is suggested, is the only person competent to inspect and criticise these details.

22. If a system of inspection is to react beneficially on the conduct of nursing homes the inspecting officer or officers must be qualified to express an opinion on the following, amongst other matters :—

(i) The suitability of the person in charge, both as regards technical qualifications and personal character and habits.

(ii) The suitability of the structure and position of the building.

Qs. 130-135.

Qs. 175, 199-203, 291-296, 334-336, 2400, 2401, 2604-2607, 2628-2639, 2842, 3094-3097, 3116-3141, 3306-3309, 3542.

Q. 2409.

Qs. 387, 388.

Qs. 537, 1092-1097, 1933, 1968, 1979-1989, 3185-3188, 3271-3281.

Cf. Qs. 176-183, 303, 397-404, 538, 1102-1113, 2400.



- (iii) The sanitary arrangements.
- (iv) The accommodation for patients and nursing staff.
- (v) The adequacy of the staff both as to numbers and training.
- (vi) The preparation and storage of food both for patients and staff.
- (vii) General domestic arrangements such as the cleanliness of the rooms, the supply of linen, &c.
- (viii) The arrangements for disinfection and the prevention of the spread of infection.
- (ix) The arrangements in the event of a fire.

It is true that a medical officer is fully qualified to inspect many of these matters, and it is equally true that a sanitary officer and a trained nurse are better qualified to inspect others, but it is doubtful whether any of these officers are properly qualified, single-handed, to inspect all these services. On the other hand numerous inspections by different officials, whose functions may or may not overlap, can only result in friction and the unnecessary duplication of work.

23. There is a growing recognition of the importance of food services and your Committee consider it important that supervising authorities should give this matter their earnest attention. Medical men or women are qualified to prescribe and nurses who have taken the proper curriculum are trained to prepare articles of invalid diet; but neither doctor nor nurse can be considered normally to be expert in the preparation of ordinary meals. Nor is there any guarantee in the ordinary nursing home that the many details essential to the attractive service of a meal receive anything like sufficient attention. Cf. Qs. 2816, 2933.

24. Your Committee have heard a considerable body of evidence directed to the qualifications and previous training of both matrons and nursing staff. Suggestions have been made that the matron and all the nursing staff should be fully qualified trained nurses; that a certain fixed percentage of fully qualified nurses should be laid down; that only the matron should be compelled to be fully qualified; and lastly that no rigid rules can possibly be laid down in this matter. There is much to be said for the argument that the public pays for expert nursing and consequently expects to receive it. Patients are frequently quite unaware that the uniformed individuals in charge of them are, in many cases, quite unqualified girls with no real training in their profession. On the other hand it cannot be overlooked that in a certain type of case, it is not necessary to employ a fully qualified nurse or even a nurse at all. The immense diversity in the requirements of patients and in the nature and size of



Nursing Homes makes it extremely difficult to fix even a minimum percentage of trained nursing staff that could be universally applicable. Even the provision that there need only be a fully qualified matron fails in, say, a Home where a qualified medical man takes in one or two patients who really require no nursing at all in the strict sense of the term.

The whole question of nursing staff depends necessarily on the supply of trained nurses; although it may be quite true that certain nursing homes find no difficulty in obtaining the necessary staff to-day, if, in future, they are required to carry a larger proportion of qualified nurses on their staff the well-recognised difficulties of the larger institutions in recruiting suitable staff will become even more acute. Your Committee are of opinion that there is a definite shortage of qualified nurses and that the attention of the Ministry of Health should be drawn to this aspect of the problem.

25. Undoubtedly the ideal condition would be that every person actually in charge of and responsible for a nursing case should be a fully qualified trained nurse and that the person in control of such nurses should herself be fully qualified. This would allow of the use of unqualified nurses for the performance of such small duties as would normally be performed by ward- or house-maids. Your Committee cannot too strongly urge that this ideal should be kept constantly before the supervising authorities and their inspecting officers; but your Committee fully realise that in many cases, at any rate to-day, inspecting officers will have to be content with conditions that fall short of this ideal and that in practice individual cases must be judged on their merits.

Qs. 65-78,  
2614.

It must be borne in mind that there are to-day Nursing Homes under the control of matrons who have had long experience, who conduct their Homes in a satisfactory manner, but who are not fully qualified trained nurses. Although the aim of the supervising authority should be directed in the future towards the elimination of Homes under the control of unqualified persons, Your Committee do not recommend that already existing Homes of this class should be refused registration on the sole grounds that the owner or matron is an unqualified person; provided that some person fully qualified either as a doctor or a nurse and who is also in charge shall be actually resident in every Home.

This state of affairs makes it all the more important that an officer entrusted with the duties of inspection should be of considerable standing and possessed of wide experience.

Your Committee recommend that, subject to possible exemptions by the supervising authority in special circumstances, in every nursing home which comes into being and applies for



registration after the introduction of a Bill on the lines recommended in this report, the matron or other person in charge of the nursing in the home shall be a fully qualified nurse.

26. Your Committee recommend that nurses' certificates of training should be produced for inspection on demand to inspecting officers and in suitable circumstances to the patient or the patient's friend. In these circumstances they do not consider that it should be necessary to make regulations compelling the public display of such certificates, as they fully realise that rules of this kind would detract from the home-like conditions that the owners of many nursing homes endeavour to preserve. Qs. 518-536,  
1166-1185,  
1189-1191.

27. Similar arguments apply to the public display of the rules and regulations drawn up by the supervising authority, and to the exhibition of brass plates outside registered nursing homes. Your Committee are opposed to any form of compulsion in this matter. They consider that these rules and regulations should be available whenever called for whether by inspecting officers, patients, or persons visiting patients, but that under an efficient system of registration it should not be necessary to compel their display in public. They also consider that every nursing home should similarly have available and disclose to inspecting officers and patients information as to the numbers of fully qualified nurses and unqualified nurses therein employed. Qs. 283,  
1098-1100,  
3157, 3158,  
3350.

28. After giving due weight to the relative importance of the many different functions to be performed by the inspecting officer and the desirability of limiting the number of inspections, your Committee consider that the most effective inspection would be that carried out by the Medical Officer of Health with the assistance of other technically trained officers on his staff, such as the sanitary officer and a fully-trained and experienced nurse of the matron class.

Your Committee do not consider, however, that it would be at all advisable to tie the hands either of the supervising authority or the medical officer of health in this respect, but it must be remembered that the responsibility to the supervising authority should rest solely with the medical officer of health.

29. One of the main fears in the minds of those witnesses who demur to the principle of inspection and supervision is that the privacy of the patient and the home-like atmosphere of the nursing home is likely to be destroyed by the frequent visit of officials, and the existence of innumerable and irritating regulations. It is pointed out that many patients go to nursing homes mainly to obtain privacy and rest, and if the patients are to be subjected to inquiries into their private affairs and hedged about with restrictions one of the essential features differentiating a Qs. 1166-  
1185,  
3303-3305,  
3310, 3311,  
3356, 3400,  
3401, 3405,  
3814-3818,  
3850.



nursing home from a publicly-controlled institution will be removed to the detriment of all concerned.

Qs. 136-145, 184-188, 233, 234, 297-299. 30. It has been suggested that inquiries might be made by inspecting officers into the medical records and case sheets of individual patients. Such inquiries would not unnaturally be deeply resented both by the patients and their medical advisers. Your Committee desire to emphasise the fact that the making of such inquiries could not possibly fall within the duties of an inspecting officer.

31. Supervising authorities must clearly be empowered to make byelaws in regard to the records to be kept by persons in control of registered homes, but in the circumstances your Committee consider it of great importance that the records required to be kept should be the absolute minimum compatible with the proper administration of a scheme of registration, and the public health requirements of the country.

Qs. 2791, 2792. Cf. also 2409. 32. On the other hand, several matrons or owners of nursing homes have expressed their opinion that a well-conducted home has nothing to lose and everything to gain by registration and inspection. From the evidence your Committee have heard as to the practical working of such a system in regard to maternity homes, it is clear, that once the supervising authority is satisfied as to the conduct of the home and its standard of efficiency, subsequent inspections are reduced to a minimum. The activities of the inspecting officer are directed mainly to the border-line homes where the standard of efficiency is in doubt.

Cf. Qs. 2842-2850. Your Committee do not consider that, if the supervising authorities are the County Council and County Borough Council, there is any real danger of interference with, or over-inspection of, properly conducted establishments.

Qs. 324, 325, 3287-3294, 3316-3321. 33. Many doctors take in single patients for treatment in their private houses; frequently such cases require no actual nursing but merely normal home-life and the sympathetic companionship of intelligent persons. It is submitted by certain witnesses that the term "nursing home" cannot properly be applied to cases of this type and that registration is not required, would do no good, and would be strongly resented by the medical profession. There are a number of nursing homes and private hospitals directly controlled by medical men, and often having a medical officer resident therein. Strong representations have been made by the medical profession that, although there would be no objection to simple registration, such homes, particularly those with a resident medical officer, should be entirely exempt from inspection. If registration is considered necessary, it is suggested that the registration authority should place on the register any home controlled by a qualified medical practitioner

Qs. 146-167, 242-249, 281, 1580-1583, 2373-2377, 3084-3093, 3098-3109, 3311-3315, 3351-3356, 3401, 3591-3595.



who can submit to them certificates from two recognised medical men that he is a fit and proper person for the conduct of such an establishment. This system, it is pointed out, is already in operation in certain areas which have obtained powers for the registration and inspection of maternity homes. Q. 246.

34. Your Committee feel that there is much to be said for this point of view, but, on the other hand they have had evidence put before them which indicates quite clearly that in certain cases there is very decided room for improvement in nursing homes under the direct control of a doctor. They feel that if an individual doctor decides, for purposes of gain, habitually to take in patients, whether into his private house or into a nursing home, he does so with the full knowledge that he is taking up a definite trade and entering into competition with other persons who have to comply with such regulations as may be enforced. In these circumstances your Committee cannot see their way to recommend any general exemption from registration or inspection in respect of any premises covered by the definition of a nursing home on the sole grounds that such premises are under the direct control of a medical practitioner, resident or otherwise. Qs. 1789-1803, 1862-1868, 2250-2267, 3669-3683.

From this it would follow that the present practice of exempting maternity homes in such cases should no longer be permitted

35. Your Committee, however, recommend that in any legislation arising out of their inquiry certain institutions which would otherwise fall within the scope of the definition should be expressly excluded, namely, any Hospital or other premises maintained or controlled by a Government Department or Local Authority, or the Board of Control or any body of persons constituted by special Act of Parliament or incorporated by Royal Charter. Your Committee consider that discretionary powers should be allowed to the supervising authority also to exempt, if they so think fit, any hospital or similar institution not carried on for purposes of profit, provided that such exemptions are brought under reconsideration each year. Cf. Qs. 158-167. Cf. Q. 572.

36. If powers are granted to local authorities to make orders withholding registration or cancelling any registration previously granted, clearly some provision for appeal against such orders must be made. By the Midwives and Maternity Homes Bill now before Parliament, appeals may be made to a Court of Summary Jurisdiction. Under the Nursing Homes (Registration) Bill, 1925, provision is made for the determination of any such appeal by a referee to be appointed by the Minister of Health. From the attitude taken up by a number of witnesses and on general considerations, your Committee recommend that the latter course should be followed.



37. It will be seen that certain of your Committee's recommendations are not in agreement with the provisions of the Midwives and Maternity Bill as now under the consideration of Parliament. Your Committee consider, however, that any further legislation that may be founded on their inquiry could be so framed as to extend, and where necessary to amend, the provisions of the earlier legislation.

In conclusion, your Committee desire to emphasise their opinion that all nursing homes, including that specialised class "Maternity Homes," can only be properly dealt with under one comprehensive scheme.

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### SUMMARY OF GENERAL RECOMMENDATIONS.

38. Although many important matters of general consideration arise from the evidence your Committee have heard, some are of such a nature that they cannot be formulated as clear-cut decisions. As an instance of this your Committee would recommend that, subject to the provisional exemption by the supervising authority of existing homes at present controlled and staffed by unqualified persons from fulfilling the following condition, and to possible exemptions in special circumstances, it should normally be a condition precedent to registration that the matron or other person in charge of the nursing in any registered nursing home be a fully qualified nurse; and that, if and when, nursing becomes a more popular and better paid profession, the extension of this condition to a certain proportion of the staff employed in the home will also become desirable. On the other hand, certain clear-cut issues can be formulated, and your Committee make the following recommendations :—

(i) That legislation to give effect to a scheme of registration and inspection of nursing homes should be introduced at an early date.

(ii) That the supervising authorities should be county councils and county borough councils.

(iii) That supervising authorities may well be empowered to delegate their powers to a Committee upon which both doctors and nurses shall have some representation.

(iv) That the duties of inspection shall be carried out by medical officers of health with the assistance of other technical officers.



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(v) That inspection shall be limited to the general suitability and organisation of the home, and shall not embrace any inquiry into the medical records or private affairs of the patients.

(vi) That the definition of the term "Nursing Home" shall be made wide enough to include all types of nursing homes including maternity homes.

(vii) That certain publicly controlled institutions shall be expressly excluded from the scheme.

(viii) That supervising authorities may exempt certain charitable organisations for defined periods of time.

(ix) That a nursing home shall not be exempt on the sole grounds that there is a medical practitioner resident in or in actual control of a home.

(x) That appeals against the refusal or cancellation of registration may be made to a referee appointed by the Minister of Health.

(xi) That, in spite of existing legislation in regard to maternity homes, all nursing homes including maternity homes, shall be brought under one comprehensive scheme.

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## PROCEEDINGS OF THE COMMITTEE.

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*Tuesday, 9th March, 1926.*

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### MEMBERS PRESENT:

Cobb, Sir Cyril.	Philipson, Mrs.
Davies, Dr. Vernon.	Price, Major.
Forestier-Walker, Sir Leolin.	Wilkinson, Miss.
Luce, Major - General Sir	
Richard.	

SIR CYRIL COBB WAS CALLED TO THE CHAIR.

The Committee deliberated.

[Adjourned till Thursday, 25th March.

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*Thursday, 25th March, 1926.*

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### MEMBERS PRESENT:

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.	Price, Major.
Evans, Captain Ernest.	Shiels, Dr.
Luce, Major - General Sir	Wilkinson, Miss.
Richard.	Wilson, Mr. Cecil.

Mr. L. G. BROCK, C.B., a Principal Assistant Secretary, Ministry of Health and Mr. M. L. GWYER, C.B., Legal Adviser, Ministry of Health, were examined.

[Adjourned till Tuesday next.

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*Tuesday, 30th March, 1926.*

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### MEMBERS PRESENT:

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.	Philipson, Mrs.
Haslam, Mr.	Shiels, Dr.
Hurst, Mr.	Wilkinson, Miss.
Luce, Major - General Sir	Wilson, Mr. Cecil.
Richard.	

Dr. J. W. BONE, Dr. E. ROWLAND FOTHERGILL and Dr. C. COURTENAY LORD, Assistant Medical Secretary British Medical Association, on behalf of the British Medical Association, were examined.

Miss MARY S. RUNDLE, R.R.C., D.N., Secretary, the College of Nursing Ltd., was examined.

[Adjourned till Thursday, 15th April.



*Thursday, 15th April, 1926.*

MEMBERS PRESENT :

SIR CYRIL COBB IN THE CHAIR.

Evans, Captain Ernest.

Haslam, Mr.

Hurst, Mr.

Luce, Major - General Sir  
Richard.

Price, Major.

Wilson, Mr. Cecil.

Mr. C. W. J. TENNANT, District Manager of the Christian Science Committees on Publication for Great Britain and Ireland, was examined.

[Adjourned till Tuesday next.

*Tuesday, 20th April, 1926.*

MEMBERS PRESENT :

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.

Haslam, Mr.

Luce, Major - General Sir  
Richard.

Price, Major.

Shiels, Dr.

Wilson, Mr. Cecil.

The Rev. S. K. ANDERSON and Miss CARDROSS GRANT, were examined.

Miss K. STEPHENSON, Chairman of the Public Health Committee, Wiltshire County Council etc., was examined.

Miss A. was examined in private.

[Adjourned till Thursday next.

*Thursday, 22nd April, 1926.*

MEMBERS PRESENT :

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.

Haslam, Mr.

Luce Major - General Sir  
Richard.

Price, Major.

Shiels, Dr.

Wilson, Mr. Cecil.

Miss K. SCOTT, Matron, Nursing Home, and Miss C. C. CROOKENDEN, Owner, Nursing Home, were examined.

Mrs. F. POTTS, Chairman, Birmingham Hostel for Unmarried Mothers and Babies etc., was examined.

Miss. B. was examined.

Miss. X. was examined.

[Adjourned till Tuesday next.



Thursday, 17th June, 1926.

MEMBERS PRESENT :

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.	Luce, Major - General Sir
Haslam, Mr.	Richard.
Hurst, Mr.	Shiels, Dr.

Mrs. L. LEVERSON, was examined.

Miss L. M., was examined.

The Committee deliberated.

[Adjourned till Tuesday, 6th July.

Tuesday, 6th July, 1926.

MEMBERS PRESENT :

SIR CYRIL COBB IN THE CHAIR.

Davies, Dr. Vernon.	Luce, Major - General Sir
Evans, Captain Ernest.	Richard.
Haslam, Mr.	Price, Major.
Hurst, Mr.	Shiels, Dr.
	Wilkinson, Miss.

The Committee deliberated.

Draft Report proposed by the Chairman brought up and read the first and second time, amended and agreed to.

Ordered:—To Report, together with the Minutes of Evidence and Appendices.

EXPENSES OF WITNESS.

Name of Witness.	Profession.	From whence Summoned.	Number of Days absent from Home under orders of Committee.	Expenses of Journey to London and back.	Total Expenses allowed to Witness.
Miss D. Vine ...	Certified Midwife.	Eastbourne	1	£ s. d. 1 6 8	£ s. d. 1 6 8



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# HOUSE OF COMMONS.

## SELECT COMMITTEE ON NURSING HOMES (REGISTRATION).

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*Thursday, 25th March, 1926.*

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PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Captain Ernest Evans.  
General Sir Richard Luce.

Major Price.  
Dr. Shiels.  
Miss Wilkinson.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

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Mr. L. G. BROCK, C.B., and Mr. M. L. GWYER, C.B., called and examined.

*Chairman.*

1. I think, Mr. Brock, you are a Principal Assistant Secretary of the Ministry of Health, are you not?—(Mr. Brock.) Yes.

2. And Mr. Gwyer is Legal Adviser to the Ministry of Health?—That is so.

3. There is one preliminary point I should like to ask you about, and that is this: how far can you tell us from figures and so on do maternity homes and what one may call nursing homes overlap; that is to say, how far is a nursing home generally a maternity home and a maternity home generally a nursing home?—I should say a nursing home was not generally a maternity home, but there are nursing homes that take maternity cases.

4. The suggestion I have had made to me is that a great many of the maternity homes are also nursing homes and that nursing homes are maternity homes, and that as there is a Bill now on maternity homes the matter before this Committee will rather overlap with Colonel Fremantle's Bill?—They do overlap, of course; they are bound to do so to a considerable extent; and the Committee may, of course, want to know why the Minister should be in favour of the registration and inspection of maternity homes if at the same time he adopts a neutral attitude with regard to the inspection of nursing homes, which are not maternity homes.

5. Suppose we make some recommendations with regard to nursing homes on this Committee, those would not apply to maternity homes as maternity homes; on the other hand, there are certain regulations laid down by Colonel Fremantle's Bill which will affect maternity homes and must also affect every maternity home which is also a nursing home, and every nursing home which occasionally takes maternity cases; is that so?—That is so.

6. So that a considerable number of nursing homes which are also maternity homes, and maternity homes which are also nursing homes, would be taken out of the purview of any recommendations which we might make for nursing homes?—At any rate if there was inspection of maternity homes and there was also a system of inspection of nursing homes, unless the authorities in both cases were the same, there would clearly be a number of cases in which two authorities might claim entry to the same home.

7. That is an extremely awkward business?—(Mr. Gwyer.) Might I interpose for one moment? It is, I understand, proposed to put down an Amendment to the Maternity Homes Bill—I am not quite sure if it is already on paper—which would give local authorities power to exempt from the provisions of the Maternity Homes Bill homes which did not cater mainly for maternity cases, that is to say, homes which take in maternity cases in one or two beds, but



25 March, 1926.]

Mr. L. G. BROCK, C.B., and  
Mr. M. L. GWYER, C.B.

[Continued.]

are not mainly maternity homes. That, I think, would meet the point you have just made to a considerable extent, assuming that the Amendment was accepted.

*Chairman.*] Exactly; that, Sir Richard Luce, is your point?—A bill may go through.

*Sir Richard Luce.*] Yes. A Bill may be passed before we have finished our findings.

*Chairman.*] Would you like to ask any question about that point now?

*Sir Richard Luce.*

8. Supposing the Maternity Bill passed in its present form, it might, to use the expression, queer the pitch of our findings in this Committee?—I doubt if the overlapping is as great as all that.

*Chairman.*

9. You have no figures in the Ministry which will tell us that?—No; I do not think such figures are in existence.

10. I thought perhaps in view of the fact that this Maternity Bill was on, you would have some figures about that point?—No, because I do not think the Ministry have ever had occasion to consider the question of the registration of nursing homes as such until this Bill of last session was introduced.

11. But they have had before them the question of registering maternity homes?—Yes.

12. And maternity homes, as I understand it, are very largely also nursing homes—it may be accidental?—Then, as I say, this Amendment would differentiate between the two to a very great extent.

*Major Price.*

13. Every nursing home as defined by our Bill includes every maternity home?—And a great many other institutions too.

14. But, as I say, the greater includes the lesser?—Yes.

15. There is the Maternity Bill which includes a certain number of nursing homes; in fact, the definition in the Bill is “any premises used or intended to be used for the reception of pregnant women”?—Yes.

16. That is pretty wide. That practically includes every nursing home that

has accommodation suitable for a woman in that state?—Is that altogether so? I should think that there were a very large number of midwives who took in a case or two possibly even in their own house, exclusively maternity cases, apart from the larger maternity homes and the maternity hospitals, and those are the sort of cases with which the Maternity Homes Bill was at any rate intended to deal.

*Dr. Shiels.*] But does this matter at all?

*Chairman.*] It does matter, in view of this Bill.

*Dr. Shiels.*] But suppose we make certain findings with regard to nursing homes, any legislation which follows these findings will take account of this Maternity Bill, if it is really passed into an Act, and will make the necessary modifications to distinguish between the two.

*Sir Richard Luce.*] It depends upon the point of view of the Members of this Committee. Their action with regard to the Maternity Bill should be, it seems to me, based more or less on the evidence that they are going to get now; that is why I think it is important that we should get the Maternity Bill held over until the findings of this Committee are made. That is the important point really.

*Dr. Shiels.*] I agree.

*Chairman.*

17. I was trying to get from the Ministry how far it was a case that those two kinds of homes overlap and dovetail into each other. That seems to be not very generally known, or rather, there does not seem to be much evidence one way or the other on that point; I cannot go any further than that.—(Mr. Brock.) Unless the supervising authorities were different in the two Acts I do not know that in practice any very great difficulty would arise.

*Chairman.*] That, as Dr. Shiels says, could easily be arranged by legislation as to who is to be the authority.

*Dr. Shiels.*] You could modify the legislation following our Inquiry according to the provisions of the Act.

*Chairman.*

18. That is only a preliminary point. I only took it because Sir Richard Luce drew my attention to it before we began,



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Mr. L. G. BROCK, C.B., and  
Mr. M. L. GWYER, C.B.

[Continued.]

and I thought the Ministry might be able to help us about it.—(Mr. Gwyer.) Could I add one thing? Of course, the Ministry have a great mass of evidence as to the desirability of the registration and inspection of maternity homes as such. I think, so far as the evidence in their possession goes, there is a general admission that some kind of legislation on those lines is required. So far as the nursing homes, apart from their maternity aspect, are concerned, they have next to no evidence.

19. But in so far as there are also other cases besides maternity cases, and in so far as if you have registration you must have inspection, does the Ministry contemplate that in a mixed home of that kind it should be possible for the inspecting authority for the maternity home to inspect the nursing home side of it?—No. That is the object of that Amendment to the Bill of which I spoke.

Sir Richard Luce.

20. Is it a Government Amendment?—It has been discussed with the Ministry, and I understood that the Promoters of the Bill had agreed to it.

Dr. Shiels.

21. Would it be possible for our recommendations to cover both, and if this Bill were held up, instead of having one Bill for a maternity home we might have a Bill for both?—There is only this: of course, I do not know, but supposing the Committee were of opinion that a case had not been made out for the registration of all nursing homes, then the Maternity Homes Bill, for which I think there is a great public demand, would be lost at any rate for the present year, which I think the Ministry would regard as unfortunate.

Chairman.

22. Now, Mr. Brock, generally from the point of view of your memorandum, is there anything further you would like to add? I gather that the Ministry, as has already been said, has an open mind on the subject of the registration of nursing homes as nursing homes, apart from maternity homes?—(Mr. Brock.) That is so. We have received no indication of any demand on the part of local authorities that they desire powers of inspection, and we have no evidence of any such

widespread abuses as to justify us in putting forward a case for registration. The Minister, of course, would accept the recommendations of the Committee; he has got an entirely open mind. All that we have to say is, that so far as the information at present available to the Department goes, there is no demand and we are not aware of evidence of any widespread abuses.

23. Still, although you would say there is no demand you would not necessarily say there was no reason for legislation?—No. I am rather assuming that it is a question of introducing legislation which imposes restrictions on a perfectly legitimate industry, and that those restrictions would have to be justified by proof that they were called for by the existence of abuses.

Miss Wilkinson.

24. May I ask how the evidence with regard to maternity homes has come into the position of the Minister? Has it been supplied by the patients, has it been supplied by nurses, or has the Ministry itself undertaken any kind of investigation?—(Mr. Gwyer.) All the Local Authority Associations I think have asked for those powers, or have suggested that powers of that kind are necessary. There have been representations from the Society of Medical Officers of Health, and, I think, from other Medical Societies. There has been a great deal of material put before the Minister by individual Medical Officers of Health whose attention has been drawn to abuses in their particular areas, and, of course, the Minister's own Officers and Inspectors get to know of these things. The mass of evidence has been ample to convince the Department of the need for something to be done.

Chairman.] But the feeling for that need proceeds almost entirely, does it not, from the public health point of view? It is the health of the mother and the child that has been the governing factor there, both for the Ministry itself and for the Medical Officers of Health throughout the country? Is it not a definite part of public health work; is not that so, Dr. Davies?

Dr. Davies.] Not necessarily. There are other things besides. It would have some slight bearing on the question but I do not think the principal bearing.

Chairman.] But all this question of maternity and child welfare is so much



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Mr. L. G. BROCK, C.B., and  
Mr. M. L. GWYER, C.B.

[Continued.]

to the fore now it seems to have a much more important aspect from the point of view of public health than the question of sick people in nursing homes.

*Sir Richard Luce.*

25. It arises very largely, does it not, out of the fact of the Midwives Act?—Yes; it arises out of that. The State recognises a special responsibility to individual women in child birth.

*Chairman.*

26. But it does not recognise with regard to a woman who is suffering from a nervous complaint and goes to a nursing home?—And also, of course, there is the future generation, the babies, to consider. (Mr. Brock.) Of course, the special duty of the State in relation to maternity and child welfare has also been recognised by the Exchequer grant-in-aid. It is a grant aided service; that in itself is an admission of the importance that the State attaches to it.

*Miss Wilkinson.*

27. Supposing there were abuses, would not they go to the Home Office rather than to the Ministry of Health?—(Mr. Gwyer.) That depends what the nature of the abuse is. If it is an offence against morality, yes, but the sort of abuses which I think Mr. Brock and I had in mind when we prepared this document were bad nursing, bad food, insufficient staffing, and that sort of thing; there is no general evidence of that.

28. Overcrowding, ventilation, and so forth?—We have no general evidence of that, no.

29. And therefore it is very much a question of your taking one view of it and the Home Office taking another?—I do not know that the Home Office have any views on the subject of nursing homes.

30. But some of the things you have mentioned just now fall rather under the Home Office jurisdiction?—Yes.

*Captain Ernest Evans.*

31. I suppose you have in the Ministry of Health evidence that a good many houses are used for maternity purposes by unqualified persons?—Oh, yes.

32. Have you any similar evidence bearing on nursing homes as apart from

maternity homes?—You cannot have an unqualified person in the case of a nursing home.

33. A person need not qualify to carry on a nursing home?—Perhaps I ought to explain what I mean. What I meant was that an unqualified woman is not allowed except in very special circumstances to attend women in child birth, but the fact that a nurse is not a registered nurse does not prevent her from nursing people; there is no law against it.

*Major Price.*

34. Is not the position really this, that the Ministry of Health have, owing to legislative action, made far greater inquiries and received for more information with regard to maternity homes than they have ever sought with regard to ordinary nursing homes?—(Mr. Brock.) That is so; they have been brought more in contact with maternity homes not only because of their responsibility for the enforcement of the provisions of the Midwives Acts but also through the administration of the Exchequer grant in aid. (Mr. Gwyer.) On the other hand, there has been nothing to put us on inquiry with regard to nursing homes in general.

35. No, but had there been no legislation there would have been nothing to put you on inquiry with regard to maternity homes. You had not set about yourself to discover the question of the use or abuse of maternity homes; that has been brought to you?—(Mr. Brock.) No. All that we can say is that we have not in fact received any substantial body of complaints. That does not, of course, prove that there may not be grounds for complaint, but we have not received them. I can only recall two cases in which specific complaints of a serious character have reached us.

36. Would you attribute the fact that you have not received them to the fact that they do not exist, or to the fact that there has not been the facilities for your receiving them as in the case of maternity homes?—(Mr. Gwyer.) No, I do not think I should agree with that, because people write to the Ministry on all subjects; there is no subject on which they will not write to us. (Mr. Brock.) The public are very imperfectly acquainted with the statutory limitations on the Ministry's powers; still I think probably both things are true. Partly we have



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not received complaints because we had no powers and no duties, but to some extent I think it is evidence that the abuses have not been very serious or widespread; if they had been I think people would have complained to us.

*Miss Wilkinson.*

37. Can you give us any idea of the type of complaints in the two cases that you have had sent to you?—The first case related to a home for senile chronics. In that case the allegation was that the home was grossly overcrowded, that the inmates were not receiving proper attention, and that the conditions were altogether insanitary. We had, of course, no power to inspect. Such inquiries as we were able to make informally through the Medical Officer of Health suggested that the conditions at the home were not satisfactory, but that the complaint made to us was greatly exaggerated and was based on statements made by people who were in such a physical and mental condition that they could not be accepted as reliable witnesses.

*Sir Richard Luce.*

38. What class of home was this; was it a private home?—Well, it called itself a charity; in fact, it made a charge but it also appeared to receive a certain number of subscriptions. Whether it was really run in the interests of one or two people I could not say; we were not able to obtain sufficient information with regard to it.

*Mr. Davies.*

39. Do you think, speaking of nursing homes as we generally understand them, that people go there for specific purposes, pay a certain fee, and if they are dissatisfied and there are certain abuses, they come away and tell their friends: "Well, if you are ever ill do not go to that home," but they have not the knowledge that there is anybody to whom they can make a formal complaint; it is just like going to a bad hotel. Do you not think that may be the reason why you have heard of none of these abuses because people would not know that you were open to receive complaints?—I do not think it would be always safe to assume that people of the senile chronic type would necessarily leave or be taken away if they were not properly looked

after, because they may be very helpless, and it sometimes happens that they are sent there by relatives whose main anxiety is to get rid of them and who are not disposed to ask any questions, and whose one anxiety is to get them out of the way but without sending them to a Poor Law Institution because of the stigma that is sometimes associated with the Poor Law. (Mr. Gwyer.) These things, if they exist, I think would come to the knowledge of the local Medical Officer of Health.

*Chairman.*

40. They are within his province, are they not?—Yes, I think you could say that they would be within his province.

*Major Price.*

41. Only if they break the sanitary laws; they would not be in his province from a moral or a mentally afflicted point of view; they would only be within his province from a health point of view?—Yes, from a health point of view.

*Chairman.*

42. If it was crowded?—Yes.

*Major Price.*

43. And insanitary?—Yes; and if there were scandals connected with it they would sooner or later, I think, come to the ears of the Medical Officer of Health.

*Miss Wilkinson.*

44. The nursing might be bad without it actually forming a scandal, might it not?—Certainly, yes.

*Dr. Shiels.*

45. Has the Sanitary Inspector power to go into a nursing home to see whether it is overcrowded or not? Is it not possible for many nursing homes to be overcrowded without the Ministry of Health knowing anything about it?—I speak without my books before me, but I am almost sure that he has the right of entry—either he or the Medical Officer of Health—for the purpose of ascertaining whether a nuisance exists.

46. I think not?—I think so.



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Dr. *Shiels*.] That was one of the purposes of the Bill that was brought forward by Mr. Hurst last year.

Dr. *Davies*.] I think there must be some suspicion or complaint first.

Dr. *Shiels*.

47. The purpose of Mr. Hurst's Bill was really to give that power which at present does not exist?—I think if you have reason to suspect a nuisance exists on any premises you have the right either to go in or to get power to do so.

48. That is a very important thing?—Yes. Of course, it only means a nuisance within the meaning of the Public Health Act.

Miss *Wilkinson*.

49. Could we have particulars of the second case?—(Mr. *Brock*.) The other case was a case of a complaint coming from a nurse who had herself been employed at the home, and it was a statement that she was required to nurse almost simultaneously, or at any rate in very rapid succession, an advanced case of syphilis and a maternity case. In that particular instance, though certain inquiries were made, it was not possible to take any action, because in fact the home closed down very shortly afterwards, and, as far as I know, it has never been reopened.

Chairman.

50. Are these the only two cases that have come to your notice at the Ministry of Health?—Those are the only two cases I can recall of specific complaints having been made to us.

Sir *Richard Luce*.

51. Was that a case that would have come under purview as a maternity home?—That particular home was one of these mixed homes; it was probably more a nursing home than a maternity home, but it certainly had maternity rooms.

Mr. *Cecil Wilson*.

52. Supposing there were abuses and neither the patient himself who had been in the home nor the relatives desired that during any period of convalescence they should be troubled with exposing these abuses, then you get the

position where it would be said: "Well, this is a long time ago; it is not worth while raising it now."?—I think that is true. Most people who go into a nursing home hope that they will never have to go into it again, and in any case they probably have got no very definite idea of anybody before whom they could lay a complaint.

Chairman.

53. At any rate, the long and short of this is that there is very little evidence in the Ministry of Health that will help us to see what the abuses are, which may render it necessary for us to advise registration of nursing homes?—I am afraid there is very little indeed.

54. If we want evidence of that kind we must get it from other sources?—I am afraid we cannot help you.

Major *Price*.

55. In the last case you mentioned, if the amendment as suggested, and apparently with the approval of the Ministry, is carried out that particular type of home would be excluded from the Maternity Act?—(Mr. *Gwyer*.) No. The amendment proposes, as I understand it, to allow the local authority to exempt such a place if they think fit from the provisions of the Act.

56. Yes.—But they would have to be satisfied that it was the sort of place that they could exempt provided they could grant exemption.

57. Does that mean an annual exemption, or what?—I suppose for as long as they thought. They would no doubt impose conditions.

Sir *Richard Luce*.] That comes to much the same thing as registering it.

Major *Price*.] Yes; I do not see much difference.

Miss *Wilkinson*.] May I refer to the actual written evidence?

Chairman.] Certainly.

Miss *Wilkinson*.

58. On page 9 the three points that you put as objections to registration are (a) that it presses unduly the claims of the registered nurse, and (b) that the local registration authority could not be expected to decide whether a nurse is eligible to be registered on the general part of the Register, and (c) that beyond allowing a period of grace no considera-



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tion is given to the legitimate interests of the present managers. With regard to that first point, is it not the policy of the Ministry of Health, now that we have the national registration of nurses, to press the claims for registered nurses as far as possible in the interests of public health?—(Mr. Brock.) I should not care to give an unqualified affirmative to that, and I should rather say that the registration of nurses had in fact proved so successful and such a large number were on the register that there was no necessity for pressing it by administrative action or further legislation.

59. Would you say that the fact that the State had felt it necessary to register nurses and to have this register made it almost incumbent upon the Ministry to press the claims of the registered nurse wherever possible because they had decided that it was so necessary?—The Nurses Registration Act set up a register of nurses and gave an opportunity to any nurse who chose to do so to register, and therefore gave the public an opportunity, if they cared to exercise it, of securing the services of people who had received a certain minimum training, but the Act did not make registration compulsory, and it has never been the policy of any Minister to put any pressure on local authorities to employ only registered nurses. That, no doubt, is coming; it will tend to come more and more in course of time; but the Minister has never felt that there was any obligation on him to press the claims of the registered nurse as against the nurses who, for one reason or another, had not thought proper to register.

Sir Richard Luce.

60. On that point is there not exactly the same position with regard to the medical profession; the medical profession is put on a register, but it is not laid down that no one may go to anybody but a medical man. The profession of nursing is put exactly on all fours with the medical profession in that respect?—Yes; there is no prohibition of unregistered practice.

Sir Richard Luce.] There is no prohibition of unqualified nurses any more than there is a prohibition of unqualified doctors.

Dr. Shiels.

61. But at the same time, is it not the case that the Ministry of Health

encourage qualified doctors rather than unqualified? I think there would be a good deal of trouble if they did not. Is it not, therefore, on the same analogy desirable for the Ministry of Health to ensure that nurses who are registered, and therefore showing a minimum qualification, should be in every nursing home in sufficient numbers to ensure adequate nursing of the people there? Surely that is quite in line with the determined policy of the Ministry of Health?—If the nurses on the register were in fact the only nurses possessing reasonable qualifications that might be so, but as long as there are nurses not on the register whose qualifications cannot be questioned, would it not be rather unfair to penalise them in that way?

62. Not if that is the only method by which you can be assured that a nurse has even minimum qualifications. There are many medical men who are not registered who are qualified, but it is a general rule that in public appointments registration is required as well.

Miss Wilkinson.

63. As a matter of fact, owing to the words of the Bill: "A registered nurse or a person eligible to be registered on the general part of the register" the nurse who had not in fact registered but whose qualifications were equal to those of a registered nurse would not be barred out; it would only be barring out unqualified people; is not that the position?—Of course, the test of eligibility for registration is a test that is very difficult to apply. You might be able to say in a large number of cases: "This nurse would have been eligible had she applied," but there are a great many other cases in which it might be a matter of conjecture whether she would have been registered or not.

64. You say in (c) that beyond allowing a period of grace no consideration is given to the legitimate interests of the present managers. Seeing that the Bill proposes to ask for at least one person, the person in charge, to be registered, and that 4½ years' grace is allowed, do you think that is an unreasonable protection for the public even against what might be called the trading interests of the present manager?—It does seem to me rather unfair.



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65. Do you think then that because a person who is running something for profit is asked to have a certain minimum standard of qualifications among his staff to protect the public, that that is unfair?—(Mr. Gwyer.) That is not what the Bill provides, is it, "The matron or other person having management and control of the nursing of patients." Supposing you have a case in which a lady with great experience in nursing—supposing she has the midwives' qualification, not the full nursing qualification, but many years' experience of nursing—is running a nursing home of her own, she would have to be shut down after the period of grace had elapsed under the provisions in the Bill. I have one case of that kind in my mind of a lady who has carried on a nursing home for many years, much sought after by the doctors of her locality, and, so far as I know, no possible objection ever taken.

Dr. Davies.

66. That is the point, if I may say so.—(Mr. Brock.) In the parallel case of dentists when Parliament prohibited in future the practice of dentistry by unqualified persons it gave at the same time a very liberal recognition to the *bona fide* practitioners then in practice. On grounds of health, if it were possible to deal with the thing apart from the question of justice to the individual, there might have been a good deal to be said for making the conditions of entry of the unqualified practice much stricter, but I think that Parliament has always taken the view that the prohibition of unqualified practice must be coupled with a liberal recognition, so to speak, of the rights of the existing holders.

Chairman.

67. Would Mr. Gwyer finish his story?—(Mr. Gwyer.) This lady's home would come to an end under the Bill altogether.

Miss Wilkinson.

68. Not if she employed a qualified nurse?—No; that is the point.

Chairman.

69. Supposing she got somebody in to assist her who is a qualified nurse within the 4½ years, would she not then rectify

her position?—No, because she is the matron in charge of the nursing home.

Major Price.] It is the wording of the section; I think it is a Committee point.

Chairman.] Well, that is a matter for amendment.

Dr. Shiels.] The intention of the Bill is at any rate that there is a qualified person.

Dr. Davies.

70. Does the Minister take up the attitude that the nurse with the C.M.B. maternity training is competent to nurse any case in the nursing home?—No.

71. You were not talking of maternity cases pure and simple, as I understood you?—No.

Chairman.

72. No; yours was only an instance?—Only an instance.

Miss Wilkinson.

73. I want to come back to this point that no consideration is given to the legitimate interests of the present manager. In that case that you cite you might have a very bad surgical case that needed extremely competent nursing?—Yes.

74. This lady might not have had that type of case before; it might be a new type of operation. Do you not think that in that case the legitimate interests of the public should be considered in forcing her to have a qualified person?—Yes; she has qualified nurses on the premises.

Chairman.

75. Is not the only point this, that she has got to be qualified herself to rectify her position?—Yes.

Chairman.] The fact that she has got a dozen qualified nurses does not rectify her position.

Miss Wilkinson.

76. That is merely a point that can be met in Committee?—With great respect, no, if I may say so. How are you going to say that one qualified nurse with a staff, possibly the junior nurse of all, saves the situation?

Major Price.] No, but you might easily say that a staff, commensurate with the number of patients, properly qualified should be employed. The person who runs the home might very well be far



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better in the public interest a person of business than a person of nursing; that the person should be qualified I do not agree with at all, but they should provide proper qualified nurses for the actual nursing of the patients.

*Chairman.*

77. You were citing a particular instance, Mr. Gwyer, and in your particular instance the lady in charge was not a qualified person?—That is so.

78. Surely you do not suggest that that is the right position, do you? You would agree with me, would you not, that if she had properly qualified assistance she might carry on, she herself being the business head of the establishment?—She has very great experience in nursing except that she has not, I think, qualified actually to be on the register, but as I have been in her hands myself I have no complaint to make of the nursing I received from her. May I make this suggestion on the point: is it not really a matter which is to be left to the local authority? Under the Maternity Homes Bill registration can be refused if the staffing and equipment of the maternity home is in their opinion not sufficient; does not that cover it? In the home which takes in difficult surgical cases, obviously if there is not an ample supply of trained nurses the staffing would not be sufficient, but is it not a matter to be left to the inspecting authority? You cannot lay down, I submit, any hard and fast rule.

*Miss Wilkinson*

79. But they have no power?—If the Committee recommend a Bill, I suggest that they should direct their attention to the analogous provisions in the Maternity Homes Bill. The Maternity Homes Bill does not say that no home can be registered unless every person in it is a certified midwife.

*Chairman.*

80. No, but it says what?—They can refuse registration or cancel registration if the staffing and equipment is in their opinion inadequate.

81. That does not ensure or make it obligatory that the head of the establishment should have qualifications at all?—No.

*Dr. Shiels.*

82. In the Nursing Home (Registration) Bill that you are discussing, the actual clause says that a licence shall not be refused, among other things, unless the matron or other person having the management and control of the nursing of the patients is not a registered nurse?—I know.

83. So it is quite allowable for the matron to be the lady you referred to and have a qualified nurse in charge of the patients or in charge of the other nurses, and she would be quite eligible even under this Bill of Mr. Hurst's?—But in the converse case, of course, you might have the matron a qualified nurse, and every other woman on the premises unqualified.

*Chairman.*

84. That would be a much worse position?—It seems to me to be a worse position.

*Major Price.*

85. The case against supervision is put here: the real responsibility of seeing that the patient is properly looked after rests with the Doctor who is bound to be in regular attendance; where do we get that from? What law is there that says that every patient in a nursing home must be under the proper superintendence of the Doctor?—The ethics of the medical profession.

86. Not a bit. Any patient can go into a nursing home, whether a Doctor is in attendance or not?—I thought you meant a patient who went in under the care of a Doctor.

*Major Price.]* No; that is one of the reasons given.

*Captain Ernest Evans.]* That only means where there is a doctor attending.

*Major Price.]* No; it goes further. It says: "The real responsibility of seeing that the patient is properly looked after rests with the doctor who is bound to be in regular attendance".

*Sir Richard Luce.*

87. That is only in a general way?—(Mr. Brock.) I think "bound to be" is rather an overstatement perhaps; we should have said "who would normally be."



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Major Price.] "The immediate responsibility is on the proprietor or the matron. But it is against the interest of the doctor to send patients to an unsatisfactory nursing home." If you take these senile cases that we were discussing just now, they may go into homes without any doctor in attendance at all, and there are many other cases where they may go into homes that may be nursing homes in one sense, and perhaps not in a general sense, that have no doctor in attendance, and nobody to look after them; so I do not quite follow that as a legitimate case against supervision. I am not trying to make a case for supervision, but I am trying to get at these objections.

Captain Ernest Evans.] Surely that only means that in the great majority of cases of people going into a nursing home there is a doctor in attendance.

Major Price.] If there is a doctor in attendance it is possible that there is no need for registration.

Dr. Davies.] No; that does not follow at all.

Major Price.] I should say so. If I had been a doctor I should say that most emphatically.

Chairman.] This does not mean that the doctor must be held responsible for the conditions of the nursing home?

Major Price.] That is how I take it.

Chairman.

88. That is, I take it, what you mean? —(Mr. Gwyer.) I think the idea underlying that paragraph was that, I suppose in nine cases out of ten, a patient goes into a nursing home under doctor's orders and remains attended by a doctor, and in those cases it is the doctor's business, I should have thought, to see that the patient was properly looked after; that is what the paragraph meant. (Mr. Brock.) All that we were trying to do was to summarise the arguments commonly advanced against registration.

Chairman.] Can anyone tell us how far has that happened? That is exactly what I put in the margin of my paper here: I wanted to know that. Here is a person, as you say, sent into a nursing home by a doctor. Sometimes I believe doctors have interests in nursing homes; is not that so?

Dr. Shiels.] Yes.

Chairman.

89. Here is a patient sent into a nursing home and as a matter of fact the conditions are not good; is the doctor to be held responsible for that? Can anyone hold the doctor responsible for that?—No.

Captain Ernest Evans.] If he is interested in the nursing home, yes.

Chairman.] How far is the doctor able to ensure good conditions for the nursing home?

Dr. Davies.] If the doctor goes into the patient's room everything is probably satisfactory as regards that patient, but how many doctors who attend nursing homes have been into the kitchen, the sanitary arrangements and the bedrooms? All he knows is what he sees, and if the matron has any sense she sees that things are made to suit the doctor; but he has no idea how the home is run; he just comes to the particular bedroom of his particular patient.

Sir Richard Luce.] He knows what his patients say. He would not send another one if the patient objected.

Dr. Davies.

90. The Doctor is no use at all in that respect.—(Mr. Brock.) I think the utmost you can say is that the doctor in practice generally sends his patients to one of a limited list of nursing homes. In the course of time he would, through their experience, acquire a fair knowledge of the homes. I should not personally be disposed to put it much higher than that.

Miss Wilkinson.

91. It might have been a rather unpleasant experience from the patient's point of view in the particular case, might it not?—Oh, yes.

Sir Richard Luce.

92. I want to ask one or two questions about the finance. Have you any sort of idea how much this is likely to increase the cost of nursing homes?—No; we have no material really upon which we could give an estimate. It has been said that in the past a good many homes did part of their nursing through probationers. If they were subject to any inspection it is quite possible that the supervising authority would say that that was not satisfactory, and that the whole of the nurs-



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ing should be done by fully trained people. That would tend to run up the cost of the nursing staff. On the other hand, that result will follow, quite apart from any question of inspection, because as the General Nursing Council have never recognised training in nursing homes they will not in fact in future be able to recruit probationers; they will have to take fully trained people.

93. With regard to the actual cost of inspection of such homes, is it likely that a reasonable registration fee would cover the cost of that, and, if so, what sort of registration fee is likely to cover the actual cost of inspection?—I should doubt very much if the fee would cover the actual cost of inspection. (Mr. Gwyer.) In some areas it would be prohibitive. (Mr. Brock.) It depends on the distance that the inspector has got to travel. In a County area it is going to be more expensive than in a County Borough.

Major Price.

94. Would not the Medical Officer of Health be able to carry that out? He visits every place in the County over and over again during the year. It is practically no more expense to go into the nursing homes.—(Mr. Gwyer.) I was thinking of a big town—take London, for example—where there may be a very large number of nursing homes, I should have thought that you would want a substantial increase in staff to be able to do the work efficiently.

Major Price.] Supposing you had a registration fee of a few guineas, if you got a good number of these homes, surely it would be possible.

Chairman.

95. What would you suggest as the registration fee?—I doubt if it is possible to fix a uniform one which is intended to cover the cost of administration, and I should doubt whether there is any local government inspection system which is made to pay for itself.

Miss Wilkinson.

96. Is it necessary that it should pay for itself?—Then, of course, it falls on the local rates; that is the alternative.

Major Price.] Have any arrangements been made with regard to the Maternity Bill?

Chairman.

97. Do they pay a fee now?—No. It would be very much smaller obviously.

Sir Richard Luce.

98. There is also the question of the inspection. I see in the Nursing Homes (Registration) Bill, the old one, it is suggested that the inspection of the nursing should be by nurses; would that mean that you would have to have a specially highly-qualified inspector for that purpose—one that would have to be at any rate of the standing of a matron of a hospital?—I should have thought clearly. It seems to be very difficult to have a nurse except with the very highest possible qualifications inspecting in effect a Doctor's nursing home.

99. That would mean, therefore, that you would have to have an entirely *ad hoc* person for that purpose in each district?—(Mr. Brock.) Of course, it is very difficult to say, because after all it depends on the discretion of the local authority, but I can imagine that the proprietors of nursing homes, particularly where they happened to be Doctors, would be likely to protest very strongly unless whoever came to inspect them possessed very special qualifications.

100. That is the point I wished to raise. It is, therefore, going to be a very considerable expense to provide a nurse at any rate, if you are going to have a nurse to do it?—I think it might if it were really done thoroughly.

Dr. Shiels.

101. Is it not the case, as the paragraph states, that the Medical Officer of Health or other person being a Medical Officer of a State registered nurse are on the staff of the Medical Officer of Health? A State registered nurse might be one of the nursing staff of the local authority?—(Mr. Gwyer.) I should have thought it would tend to lead to friction, but if the Bill were left quite vague, inspection by a person duly authorised for the purpose by the local authority, I should have thought, would be almost sufficient.

Miss Wilkinson.

102. Could you really rely on local authorities, if you made it as vague as that, for standards among local authori-



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ties, differ so enormously?—It is a very common power to give in local authorities' Acts, I think; with a little research I could point to half-a-dozen.

103. In a case like this, where nursing is such a specialised job, and it is really the nursing that one wants inspecting—one does not want the medical side inspecting—it would seem to be a case where some kind of definite statutory qualification would be necessary?—Do you think it is possible to contemplate the inspection of the actual nursing which goes on in nursing homes? I should have thought that was impossible, and that the inspection would be rather different—of premises, sanitation, cleanliness and all those things without which efficient nursing is impossible, but the actual running of the home, the actual nursing of the patients, I should have thought was beyond the power of any local authority to inspect.

104. Quite?—(Mr. Brock.) Unless it came to an Inquiry and an investigation into a definite complaint from or on behalf of a patient, then I can imagine that the circumstances of that particular case would have to be investigated.

105. But the nurses' standard of cleanliness after an operation and that sort of thing would possibly be a different standard of cleanliness from, say, a sanitary inspector, and you might easily, if you have a vague clause like that, have a local authority that was not particularly keen just saying that its sanitary inspectors could have this job?—(Mr. Gwyer.) I do not think any local authority would do that; I should be very surprised if they did.

Dr. Davies.

106. Have the Ministry formed the opinion that the local authority is the best authority for attending to this? Have they thought of the possibility that it would be very much better worked entirely from London where they could have a certain number of highly trained lady nurses or inspectors to do the whole country? If you put it into the hands of the local authorities you will absolutely, as Miss Wilkinson said, have great variety, you would have local jealousies and you would not in all cases get efficient inspection?—Are you suggesting that the Ministry of Health should undertake this task?

107. That is my idea; that the only way in which it could be satisfactorily done would be through the Ministry of Health?—It is not for an officer of the Ministry of Health to deny that, but I am not sure what the Minister would say.

108. I can see very many objections to local inspection, and I wondered if the Ministry had definitely made up their mind that local registration was a proper way out of the difficulty?—I think the Ministry are humble minded and such a thing as inspection by themselves alone would never occur to them.

Major Price.] If you have the local health looked after by the local people and the local school children inspected by the local Medical Officer, surely the nursing homes could be inspected by the local people?

Dr. Davies.] That is a different thing entirely. You get local jealousies.

Major Price.

109. It is a difference of degree. I should have thought that the children's health was more important than the inspection of nursing homes?—(Mr. Brock.) Where it is a question of ascertaining the efficiency of a grant aided service, it is very difficult for the central department to escape some duty of inspection, but where there is no question of a grant from public funds the policy hitherto has been to leave the work to the local authority.

Chairman.

110. Has anybody any other questions to ask on the memorandum of the Ministry; I think we have gone through it fairly well? The point that we were taking just lately was the point on page 10, clause 8. Yes, the question of cost, I think.

Chairman.] "This clause gives any medical practitioner or registered nurse authorised by the registration authority the right to enter and to inspect homes and their records. Thus a nurse might be called upon to inspect a home possessing a resident medical officer, a course to which the objections are apparent."

Sir Richard Luce.] The fat would be in the fire then.

Chairman.] That is a picturesque way of saying the same thing, is it not?

Dr. Davies.] Except, of course, you must remember that medical man probably is not a competent judge of the



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kitchen arrangements, the cooking arrangements and the cleanliness; you must have a medical man and a trained nurse; I think you must have the double inspection; you cannot have either alone.

Dr. *Shiels*.

111. No. (Mr. *Gwyer*.) It does not follow necessarily that even a registered nurse is qualified to pronounce on sanitation and sanitary matters.

Dr. *Shiels*.] A public health nurse would.

Dr. *Davies*.] That is why I think that the type of nurse who does this inspection should be the highest possible type you can get, a lady with the best nursing education and experience, a lady equivalent to a matron of a good hospital; I think that is the type of woman you want to inspect nursing homes.

Major *Price*.] What about a lady Doctor.

Dr. *Davies*.] A lady doctor, of course.

*Chairman*.] Mr. Brock, you are contented with your own definition of a nursing home on page 4. You say it should be so framed as to include so and so. I take it we should have to have some kind of a definition if we put any recommendation forward; have you anything further to say on that: "It is suggested, therefore, that if it is decided to recommend registration of nursing homes, the definition should be so framed as to include any premises used or intended to be used for the reception of persons suffering from any sickness, injury or bodily or mental infirmity for the purpose of providing such persons with nursing where any payment or reward is made or promised by or on behalf of any person so received." That would include mental cases, which is another matter, which you mention on page 11, would it not? Other institutions ought to be excluded, you say, from the operation of the Act, institutions for the reception of lunatics and mental defectives; where do you draw the line?

Sir *Richard Luce*.] Those are under inspection already.

*Chairman*.

112. I understand there are certain nursing homes where they take people who are suffering from mental trouble, or, let us say, from nervous disease, which subsequently may develop into

mental trouble, and then the difficulty arises that they may stay there, although they really ought to be certified; is that so?—(Mr. *Brock*.) I understand that that is so, but, of course, it is a matter that does not come directly within our cognisance; it is rather a matter on which the Committee may wish to consult the Board of Control. We do know that there are a certain number of homes which take cases of nerve trouble. There is some ground for believing that they not infrequently or occasionally keep a case after the certifiable stage has been reached. Of course, if they do, that is a breach of Section 315 of the Lunacy Act of 1890, but without any power of inspection it is a very difficult thing to detect.

113. Registration and inspection would detect those cases?—It would help to.

114. Therefore that is one of the arguments really in favour of registration and inspection of nursing homes?—It is. In the case of that particular type of home, I think there is probably a stronger case than there is in the case of the nursing home in the popular sense of the term.

Sir *Richard Luce*.] Does not that introduce a new kind of inspection altogether, because hitherto we have been practically inspecting only the general arrangements and the building, and so on, of an institution. If you are going to inquire into that side of it, you have got to inspect the patients, which is a very different matter.

Captain *Ernest Evans*.

115. It is really a sort of Court of Appeal while the doctor is attending the case?—(Mr. *Gwyer*.) That seems to be a much more appropriate case for inspection by a central department than the ordinary case. The Board of Control, of course, do inspect places for the reception of lunatics all over the country now. (Mr. *Brock*.) I think what might possibly happen in actual practice would be that, if the supervising authority had a right of entry into these homes, it might very well be the case that in the course of their round some suspicion might arise with regard to the certifiability of the patients without any actual examination of the patients; then that would be reported to the Board of Control, and the Board of Control could then apply to the Minister for an order to visit.



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Mr. L. G. BROCK, C.B., and  
Mr. M. L. GWYER, C.B.

[Continued.]

*Chairman.*

116. And if inspection was efficient, that would generally happen, I take it?—Yes.

117. With regard to your definition, Mr. Brock, have you anything to say? There is your definition and the definition of the Bill in Clause 13, is there not?—Of course, a nursing home is an extraordinarily difficult thing to define. I do not regard this as an ideal definition by any means, in fact it is a modification of the definition in the Bill of last year.

118. What I am distressed about is "injury or bodily or mental infirmity." Do you want to stick to these words, "mental infirmity"? That is my difficulty rather.—I think, unless you have some reference to mental infirmity, then the home for nervous cases might slip out.

Dr. Shiels.] I think it is possible, yes.

*Chairman.*

119. Are there any other questions any member of the Committee would like to ask Mr. Brock or Mr. Gwyer?—(Mr. Gwyer.) It has occurred to me that it is just possible that we might be able to get some statistical evidence through the Registrar-General about the number of nursing homes, or at any rate the people who are carrying on nursing homes throughout the country, which might be of assistance to the Committee.

120. How many of them are mixed homes?—That, I should think, is more difficult; information of that kind is more difficult.

*Dr. Shiels.*

121. In London there are only about 300, and there must be, I should think, thousands of nursing homes in London?—I should think more than 300, certainly.

Dr. Shiels.] There are only 300 in the directory.

*Sir Richard Luce.*

122. Have you any sort of idea how many what you might call illicit homes there are?—No, none at all.

123. I am not speaking now of homes that are not run on proper lines at all?—I should doubt if there are many. I should think that that type of home you would find probably among the low class maternity home rather than the ordinary nursing home. I doubt very much whether there is a market for the really low type nursing home. (Mr. Brock.) I should agree. (Mr. Gwyer.) There is for the maternity home, for reasons which the Committee will appreciate.

*Chairman.*

124. Those you have put down in your paper?—Yes, but not, I think, for the others. We have not any definite knowledge about that; that is a mere inference from one's own knowledge and opinion.

125. We may, I take it, ask you to come again if there are any particular points that we want clearing up?—(Mr. Brock.) We are at the Committee's disposal whenever you want us.

Chairman.] Thank you very much.

(The witnesses withdrew.)

(Adjourned to Tuesday next.)



*Tuesday, 30th March, 1926.*

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Mr. Haslam.  
Mr. Hurst.  
General Sir Richard Luce.

Mrs. Philipson.  
Dr. Shiels.  
Miss Wilkinson.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

Dr. J. W. BONE, Dr. C. COURTENAY LORD, Assistant Medical Secretary, B.M.A., and Dr. E. ROWLAND FOTHERGILL, called and examined.

*Chairman.*

126. I think you come here representing the British Medical Association?—(Dr. Bone.) Yes.

127. That is a very large Association, is it not?—Yes; we have 30,000 members.

128. And you consider yourself an Empire Association, do you not, not merely a British Isles Association?—That is so.

129. Tell us what is your general view on the subject of the registration of nursing homes?—We do not oppose the registration of nursing homes as a principle, but we do object to certain things that appeared in the last Registration Bill that was before the House. The three particular points that we object to are stated in this Memorandum that you have before you. First we say that there ought to be a provision for representation of the local medical profession on any local Committee formed by the supervising authority.

130. Shall we take that point first and elaborate that?—The last Bill permitted the delegation of the powers of the Registration Authority to a Committee. We think that it ought not only to be permitted but compulsory that such a Committee should be set up, and that medical men should be represented on such a Committee.

131. Supposing the County Councils are the authority, do you mean that there shall be medical men definitely put on the County Council to represent them in connection with their work?—No. The idea is that we think the County Council should compulsorily set up a special Committee for this purpose, and that on that special Committee there should be representations of doctors and nurses.

132. They would be co-opted people, I take it?—Co-opted or elected; we do not care.

133. Well, you cannot ensure that they are elected, you see?—Especially elected by the representative professional bodies.

134. If there were elected people it would not be necessary to co-opt?—Quite. In addition to that, we think that there should be consultation with the medical profession in an advisory capacity, that is to say, we contemplate that this new Committee should consult the representative bodies of the profession in the localities on these particular matters.

135. Can you tell us a little more about that? I should like to know what you mean by that. Can you give us an instance—something that you have in your mind?—We contemplate the setting up of local professional Committees in all areas to work alongside the local authorities. It is rather a scheme of the future, but it is the thing that we have in our mind.

136. What is the next point?—The next point is that we think that the case sheets and medical records of any nursing homes should be regarded as highly confidential; that there should be no access to them at all by anyone who is not a member of the medical profession.

137. Can you give us your reasons for that?—We think that if case records were open to lay persons they would probably not be kept in a proper way, that is to say, confidential matters would not be put into these sheets, and consequently the patients themselves would suffer in the records not being properly kept.

Sir Richard Luce.] Which part of the old Bill does that refer to?



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Mr. Hurst.

138. It is the end of Section 8; that is the only reference I can find.—I do not know. We decided that this Bill would permit these records being open to inspection by lay people.

139. The Bill looked as if it laid itself open to that suggestion?—Yes.

Chairman.

140. You think that is very dangerous?—We think that is very dangerous. We think that it would destroy entirely the value of these records.

141. Your idea is that the records would not be truthfully drawn up because something would be suppressed; is that it?—That is the idea; that they would no longer be records of any scientific value.

142. Is it not your opinion that that would rather limit the use of inspection?—No, I do not think so at all. I know of no instance where confidential records of this kind are open to inspection by lay people.

143. What exactly are these records?—Records of the exact nature of the diseases from which patients are suffering. We had a letter this morning from one of our members who has a large surgical nursing home in the North of England, and I may read you perhaps a phrase from that: "What is likely to happen is that in some small towns where a person of local prominence is a patient in a nursing home it is open to unauthorised persons to acquire information as to what the prominent local personage is suffering from. Curiosity would be so great that it would be almost impossible to suppress information in some cases, and if anyone has, say, a malignant growth, it is that person's personal matter, and why ever should anyone else know to whom he objects, and rightly objects?" That is the sort of thing.

144. You think that the Inspector should have no access to any records dealing with the complaints from which the patient is suffering?—We do, most decidedly.

145. Records being what—the card over the bed, the temperature, and that kind of thing, or what?—Anything of the sort; any medical record.

146. The next point is about the doctor's private house, is it not?—There we think that all premises which are

under the control of a registered medical practitioner should be excluded from the definition of a nursing home, and should not be subject to registration.

147. That is to say, any home which is run by a doctor; is that the idea?—That is the idea.

148. That is for commercial reasons?—Any home that is run by a doctor for any reason, yes.

Miss Wilkinson.

149. That is a little wide, is it not?—It is a little wide, but it is the attitude taken up by the Association. These three particular points were considered at our representative meeting at Bath, when representatives from the whole country were present, and these three particular resolutions were carried. Of course, I must pass them on to you; they were carried by our representative body, which is our Parliament.

Chairman.

150. You would only be in favour of the registration of nursing homes if those three particular points were met?—That is so.

151. In the way in which you want them met?—That is so. We are instructed to oppose a Bill that does not contain these three points as far as we can. (Dr. Fothergill): May I say on nursing homes, as I am personally interested, that the medical profession is under the General Medical Council. If there was any complaint either from the servants, the nurses, the matron, the patients, or the patients' relatives, the whole question can come up through the General Medical Council. With regard to nursing homes run by private individuals for profit whose previous experience may have been in a linen draper's shop, or anything else, if they thought they might venture in a private nursing home, they are under nobody's responsibility except to themselves and to the police in any case, but the medical profession is under the control of the General Medical Council, and we take up the position that it would be intolerable in our private houses where our families and our children live, with patients put under our care so that they might have the benefit of the atmosphere of a family life—border line cases who might be prevented from becoming permanently certified lunatics—that we should have the



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whole atmosphere destroyed by an inspection by some authority when we already, so far as our conduct is concerned, are under the control of the General Medical Council.

152. To what extent is the General Medical Council exercising any control, supervision or inspection over the doctor who has a home of that kind?—Any complaints that are lodged with the General Medical Council—on sworn affidavit, of course—they have to inquire into; anything to do with his conduct; and they take very strong disciplinary action.

153. That assumes that somebody is going to lodge a complaint?—Quite so.

154. But there may be many cases where the patient is badly treated, where there is nobody to lodge the complaint?—I think you will get plenty of complaints of that sort. We are also inspected in our houses, as far as that is concerned, by the Board of Control.

155. In mental cases?—In certified cases. I have had experience where disgruntled nurses and others have deliberately attempted to do injury to the doctor, and they have reported what they considered to be illegal actions; these cases are duly inquired into. It does not only depend on the patient. You see, the patients are purely optional; it is not a State business. They can leave the day after to-morrow, or their relatives can take them away at any moment. The whole thing is a purely voluntary arrangement between both parties.

156. But if a sick person who cannot get away because he is too sick to get away is living in a doctor's house, how is anyone to find out whether that person is being well treated or badly treated? Do you say that it follows that because a doctor is running the establishment everywhere must be all right?—It does not at all follow that everything must be all right, but I think the onus of proof for the necessity of inspection of a doctor's house is on those who require it. I submit that the doctor is sufficiently under the control of the Council and his colleagues in the district and the relatives and friends to make that quite unnecessary. We have had no cases put up to us.

157. Yes, I see your point.—(Dr. Bone): Then we elaborate this in paragraph 3 of our document. We start with the doctors' private houses, and we believe that the 1925 Bill did contemplate the inclusion within its scope of all

medical practitioners who received even one case into their private house. We think that the disciplinary powers, as Dr. Fothergill said, already existing are sufficient where registered medical practitioners are concerned, and we point out that inspection and registration would destroy the particular advantages that these patients have, that is to say, the single patients who live in the houses of doctors.

158. A little further down you say you wish to exclude all hospitals conducted by groups of medical men and nursing homes for private patients which are being provided in connection with voluntary hospitals?—Yes.

159. That is another large class or group of homes which would be excluded?—That is so. We suggest that there is a responsible Committee in charge of those particular institutions and that inspection would be unnecessary in that particular group of nursing homes.

Sir Richard Luce.

160. Could you give any examples of the class of home to which you are referring?—Yes. One in my own district is a nursing home which has been set up in connection with the Bedford County Hospital. We have in the grounds of the Hospital set up a nursing home in which patients are taken who pay about five guineas a week for maintenance, and pay the surgeon who operates on them a small fee or pay the physician who attends them a small fee. This particular nursing home is under the management of the Committee of the Bedford County Hospital, and is, I believe, one of the best institutions in the country. Similar institutions are being set up in many of our country towns, and of course in the large towns they are quite common. There is, I believe, one here at St. Thomas's Hospital.

Mr. Hurst.

161. The 1925 Bill does exempt that type of institution under Section 13, subsection (2), apparently?—Well, we were not clear that it did exempt it.

162. It intended to.—Well, we thought it did not.

163. There may be some drafting amendment necessary?—Yes.

Chairman.

164. Does that cover your point?—I think it does. (Dr. Fothergill.) It says



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“Hospital.” Of course, a nursing home might be considered to be a different entity.

165. A small drafting amendment may be needed, but I think it does meet it?—(Dr. Bone.) Of course, if that does meet it, we need not pursue it.

166. Your next paragraph is: “The Association is of opinion (a) that any institution managed by a responsible Committee and wholly or largely supported from voluntary sources (including income derived from endowments or investments, the object of which is to provide medical and surgical treatment of a curative character) should be exempted from registration.” Have you anything further to say about that?—No; that would come into the same group.

167. “And (b) that any institution which is recognised as eligible for a grant by the Voluntary Hospitals Committee for the area in which the institution is situated should be exempted from registration.”—That is an extension of the same idea, of course. We want as far as possible to get an institution controlled by medical men exempt from registration, and we are trying to go as far as we can in setting out those which are the strongest cases first.

Mr. Hurst.

168. As a matter of fact, I think that last half-paragraph is word for word in the Bill already if you look at Section 13, sub-section (2), of the Bill?—Yes, that is so. As Dr. Lord points out to me, one of the points is that this particular Bill has gone and we are dealing with the future.

Chairman.

169. Yes. You are assuming that we are here to see what legislation should be necessary?—Quite so.

170. That we may have that as a sort of pattern; it is not necessarily a pattern that we shall follow in every detail?—Yes.

171. Then you have a suggestion as to the authority, and you suggest that the authority should be the Ministry of Health?—Yes.

172. That the County Council and the County Borough Council should be the local authorities?—Yes.

173. And it is on those local authorities that you want representation of medical men and nurses, I take it?—No. It is on the Special Committees that those

local authorities set up; that is what we want. We want the administration to be by Special Committees set up by the local authorities, and on these Special Committees we want representation.

174. It will be a Public Health Committee, I suppose?—Well, call it what you will. We do not contemplate that the County Council or the County Borough Council would themselves carry out this registration and inspection, but that it would be done by a Sub-Committee specially set up for the purpose—some kind of a Health Committee.

175. You come to the question of inspection in your next paragraph, and you say it would be extremely unfortunate if the inspection were to be carried out as was suggested in the 1925 Bill by registered nurses, or, as would have been equally possible, by junior officials doing public health work. What is the objection to registered nurses?—We have set out here some of the points in our memorandum. (Dr. Fothergill.) Might I take up that point about the inspection by nurses. The nurse, if she inspects a home, would obviously look at it from the point of view of a nurse, and we contemplate that these nursing homes will be under the control of a registered nurse, a matron, who will organise her staff in accordance with what she thinks fit for carrying out the care of the patients, according to the wishes of the doctor visiting the patient; and if an inspecting nurse is to come in she will come in as a nurse and criticise the conduct of the matron and the conduct of the home. We take the position that if you have a registered nurse there conducting that home the inspecting nurse should have no *locus standi* at all. Of course, if the matron is inefficient, the particular Committee, or whoever it is who placed her there, will control her actions; and if it were her own nursing home, the Council responsible for the nurses would be able to deal with her efficiently on complaint just like in the case of a doctor.

176. The nursing is to be in the same position as the medical question?—Yes. She is responsible to the State. Being registered, she is responsible for her conduct to her Council, and every complaint would come through the usual channel for her to be dealt with.

177. All that would be inspected, then, would be the general sanitary condition and structural efficiency of the building?



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—Quite so. We go even so far as to suggest that they might inspect to see that there is a proper proportion of fully trained nurses. Of course, we appreciate that one of the complaints is that a lot of these homes are run with what you may call cheap girls, who are not nurses at all in any sense of the word. We are quite with anybody that that sort of thing ought to be put an end to, and that while they might have two or three probationers in proportion, the staff must be an efficient staff of fully trained nurses; it should be inspected from that point of view.

Miss Wilkinson.

178. Would not only a nurse be really able to judge of the quality of nursing? If you have an unqualified person at the head you might have a qualified nurse under her who was dependent upon that head for her job, and she is naturally not going to make complaints, and the sick person does not know the sanitary conditions below stairs, perhaps insanitary kitchens and so on, and in that case no complaint would be made, but a most insanitary condition of affairs and a dangerous state of affairs might exist?—We quite agree that the sanitary inspection should be made; it says so at the top of page 3. “The matter would not be of such importance if inspection was strictly limited to obtaining evidence that the person responsible for the home was a registered medical practitioner or a certified nurse; or that the matron in charge was a certified nurse; that the premises were suitable for the nursing of the patients, that the accommodation for the nursing staff and domestic staff was satisfactory; that a proper proportion of fully trained nurses was employed and that the sanitary arrangements were adequate.”

179. Leaving that for the moment, surely the nursing of the patient is one of the most important things; why should you exclude that specifically from the scope of the visiting inspector?—Might I put it the other way round? How could a woman walking into a private room where the patient is ill in bed be able to determine that the nursing given to that private patient is adequate? She would have to live on the premises, you might say, to be a sort of inspector; she could not do it in a visit of an hour.

180. Surely a really qualified nurse who knew her job could find out by cross-

examining the nurses who might not themselves be registered, but might be parlourmaids or just untrained people. Take the case of an operation; they may have an operation case on their hands and really not understand the dressing and so on. A really qualified nurse who knew what to ask would not just go into a room and just casually glance round, but she would be able to ask questions which would give some idea as to how the nursing was being conducted, do you not think?—Can you appreciate the position what would happen in a nursing home with a registered nurse of the highest status, doctors of the highest status, a patient of the highest rank living in Mayfair; a qualified inspecting nurse walks in and holds an examination of the place even down to the kitchen maid and any woman she may happen to buttonhole on the staircase in order to determine whether Lady So-and-so is being adequately nursed. There would be chaos in that home in half-an-hour, friction all round, and a patient with a high temperature needing a sedative.

181. That surely is rather an extreme case?—No, not at all.

Miss Wilkinson.] If you are going to have a highly adequate nursing home with highly trained practitioners and so on, you would not have the same type of inspection that you would have where there is reason to know that the people at the head of it are not qualified people, and it is not under a qualified practitioner. Do you not think under those circumstances that the public interest demands that somebody should be there?

Chairman.] That is actually down in the précis, you will see, Miss Wilkinson.

Miss Wilkinson.] Yes, I see that.

Chairman.

182. This is the definite opinion, apparently, of the British Medical Association. It is your definite view that the inspection should be very considerably limited, and it should not extend to anything connected with nursing, to anything connected with the medical side, and I do not know how far you would say that it ought to look into the qualifications of the existing people who are running homes?—We say that a proper proportion of fully trained nurses should be there.

183. And they are to find that out?—Naturally. They would have a list given them and by looking at the nurses' regis-



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ter they could always find out in the office how many on the staff are registered and how many not registered. They might say: "This looks very curious; one registered nurse, 10 unregistered, 14 beds; it is obviously inadequate."

Mr. Hurst.

184. It would be very easy, would it not, to differentiate what might be regarded as strictly confidential records of a patient and those records of the nursing home which ought to be open to inspection?—(Dr. Bone.) I do not quite follow which class of records you mean.

185. You object *in toto* to the disclosure of the records of the home to any inspector, but I take it that such records as the lists of nurses employed, the number of patients taken——?—No; that is not at all what we meant. We mean case sheets and medical records.

186. Assuming that the case sheets were treated as privileged, it really would meet your point?—Quite.

187. It really is not a big point; it is a narrow point?—It is the Doctor's notes of medical matters that we are talking about when we talk about private case sheets and records.

188. Keeping those confidential and privileged is quite compatible with the general principle of the inspection of nursing homes?—Oh, yes. We raise no objection to the general principle of inspecting nursing homes; I have said so here.

189. Was it your Association which promoted the Midwives and Maternity Homes Bill of this year?—No.

190. Is that supported by your Association?—To an extent only.

191. I see here that the excepted homes, the homes which are made immune from inspection are "Hospitals or other premises for the conduct of which a duly qualified medical practitioner resident therein is responsible"?—We do not accept that, and we are going to oppose it very strongly. We object to the word "resident" altogether. We think that that limits it very unduly, and we are opposing it very strongly.

192. Apparently the promoters of that Bill take, as it were, the half-way view?—That is in the air at present. That word "resident" was put in to try to satisfy us, and it has not satisfied us at all. In the first place, we were not consulted about the Bill at all. In the

original Bill they proposed to inspect all these homes, and that was put in in an attempt to satisfy us, but it has not satisfied us.

193. I suppose there are a certain number of homes which in a sense are controlled by a Doctor inasmuch as the Doctor sends the patients there, but with regard to which the Doctor has very little knowledge as to the interior economy of the home?—I do not think so. A Doctor sending his patients to a home is not in any sense controlling it. Many a Doctor sending patients to nursing homes has no control or interest of any kind.

194. Merely because a Doctor sends patients to a home it does not mean that he in any way makes himself responsible for the conduct of that home?—No; that is not what we mean by control. (Dr. Lord.) There are quite a number of Doctors, particularly in certain towns, who have always run what they call private nursing homes. They have found them there when they have bought the practice, or they have succeeded their parents and they have gone on running these nursing homes, which are really little private hospitals under the complete and absolute supervision of a medical man. That is one class which we say ought undoubtedly to be exempted from inspection.

195. How many complaints do the General Medical Council yearly receive on an average from patients or persons who have been inmates of nursing homes?—(Dr. Bone.) I do not know.

196. We have been told it is possible to lodge complaints by affidavit; I suppose those are very few, are they?—(Dr. Fothergill.) I do not know that myself. I may say incidentally that we had a deputation from the College of Nursing, and we put to them the question as to how many complaints they had had, not by doctors, but by everybody. We asked if they had had 50, and they said, "No," and we got down that they might have had 13.

197. I think they are going to give evidence. You were saying you would suggest a safeguard that persons could come and make complaints by affidavit, but, so far as you know, that safeguard has never been utilised at all?—It has not been necessary.

198. There are, I suppose, a very large number of these homes?—Yes. I heard



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from a large association which deals with the profession, that is, the Scholastic Association, that there were many hundred doctors who took single patients, and some of them two. They have a list of doctors, to whom they recommend patients, and they told me that they had not had complaints themselves. That, of course, is a private business; it is not disciplinary.

199. Assuming that you do favour, or at any rate, do not object generally to supervision or inspection to see how the patients are accommodated, and whether the nursing staff and the domestic staff are properly housed and so on, and that the sanitary arrangements are satisfactory, who do you say ought to do the work of inspection, if not registered nurses?—It would seem to be the duty of a medical officer of health to see that the sanitary arrangements are right, and that the house is suitable. The future authority, if we look far ahead, I submit, will be probably the County Council or the Borough Council responsible for all health questions. It will all come under the purview of the medical officer of health; he will be the administrative officer for the area, and it will be one of his duties, or that of his deputy, probably, to inspect these various places from the health point of view.

200. Do you not think essentially nursing questions will be most properly supervised by a very highly qualified nurse working, possibly, under the local Officer of Health?—(Dr. Bone.) No. The association take a very strong view that it should be the Medical Officer of Health, or some person appointed by him, that is to say, somebody in a good position in his Department.

201. The view of the association is that they regard the inspection of nursing homes as a good thing provided it is done by a doctor?—Not necessarily a doctor, but by the Medical Officer of Health, or some responsible person in his office.

202. But when you say "responsible person," you would rule out a nurse, apparently?—Yes.

203. Whom would you leave in that category if you exclude nurses? This really means doctors only, does it not, practically?—(Dr. Fothergill.) Except that the Sanitary Inspector would do the sanitary part like any Sanitary Officer comes round and inspects houses now.

204. Apart from this Memorandum, have you heard of bogus nursing homes—nursing homes which have no claim to that title at all?—(Dr. Bone.) I have heard of them, but I have had no experience of them.

205. Would you regard that as a common abuse?—No, I do not think so.

206. Have you heard of any specific cases in your experience?—I have never heard of a case in my experience.

207. But I suppose it is common knowledge, is it not, that there are a very large number of nursing homes where practically none of the nurses are in any way qualified at all?—No, I do not think it is common knowledge.

208. Certainly with regard to maternity homes, are there not?—I have no such knowledge.

209. You have never heard of a maternity home run by unqualified nurses?—I would not like to say I have never heard of one, but I do not think it is common knowledge that there are such things.

210. You really think that all nursing homes are now staffed by qualified nurses and well run?—I should not go so far as that; that is putting a very different statement.

211. But the immense majority, in your view, are?—Certainly.

212. Including maternity homes?—I do not know much about maternity homes. We are speaking about nursing homes now.

213. Is there any principle for differentiating maternity homes from the ordinary nursing homes?—I think there is a very good reason.

214. What is it?—(Dr. Lord.) I was going to suggest with regard to the maternity home that patients go to maternity homes for a specific purpose, that is to say, to be treated for a physiological condition which is perfectly legitimate. If you go into a nursing home for any condition that may crop up, there are very marked reasons why you do not want all and sundry to know why you are in that place at all. Take, if you like, the case of syphilis; it may crop up in any walk of life, and it may lead to the patient having to go to a nursing home. Do you not think that if that case were to occur in a member of your own family you would feel very uncomfortable if that patient had to go into a nursing home which was liable to inspection by someone who lived in the



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village, and who might, and certainly would, be only too keen to know what was the matter with the lady of the place, assuming it is the lady of the place? Do you think for a moment that the lady would go into such a nursing home if she knew that her disease was liable to get known, as it would?

215. Of course, I should have thought on the footing that the personal medical history of the patient was kept privileged and confidential that patient would not mind in the least if anybody went into the home to see that it was properly heated, and so on, and that the nurses were properly housed?—It is not only a question of what is actually put on paper. As I said just now, if you go into a maternity home the strong presumption is that everything is all right, and there is no harm in anybody knowing that somebody has gone into a maternity home because it is more convenient than her own home. But supposing someone goes into a nursing home who, we will say, is pregnant who ought not to be, is the mere fact that the nurse who inspects that home does not see the fact written down that the patient is in there for that purpose a sufficient safeguard that she will be unable to put two and two together from what she sees going on in the home?

216. On that ground you would object most strongly of all therefore to the inspection of maternity homes?—Well, I am assuming that the majority of people who went to maternity homes would be legitimate cases, but, even if they were not, the mere fact that they were going to a maternity home would give their case away, and there would be nothing else to worry about.

217. Do you not think it would be a great comfort to the family of the lady who went there to know that it was a properly run nursing home instead of being run by unqualified persons probably?—No. I do not think it would do away with the disadvantage of the fact of what was the matter with her getting out. We know perfectly well that there is a very marked tendency on the part of early mental cases to refuse to go to homes in any way connected with a mental institution because they will not let it get out that there is any question of there being anything wrong with their mentality; the patients' friends do not like them to go there; it is a great dis-

advantage which does lead people not to go when they otherwise would.

Dr. Davies.

218. You say in your first paragraph that the British Medical Association would object if it did not provide for the representation of the local medical profession on any local Committee formed by the supervising authority. May I take it that the British Medical Association have come to the conclusion that all this registration necessitates constant supervision and that it should be done locally; is that their opinion?—(Dr. Bone): That is their opinion.

219. Have they thought of the possibility of having a nursing home registered as being run under proper lines and then not requiring very much inspection afterwards?—Yes. We think that a proper system of registration should be set up, and that the inspection should be made as little as possible; that is our position.

220. That is your ideal?—That is our ideal.

221. Do you not think that possibly if you had a local supervising Committee in the smaller towns perhaps local jealousies might interfere with the proper carrying out of these duties to the satisfaction of everybody?—What sort of jealousies do you mean?

222. Jealousies between medical men; between nurses.—Yes.

223. For instance, take a small town, if you like, run by a local authority and your inspecting officer is the Medical Officer of Health; he may have a grudge against the proprietress of a nursing home, or the doctor, or the staff; he could make things awkward?—We did not contemplate that the authorities should be small authorities; we contemplated County Councils or County Borough Councils.

224. With a local supervising Committee upon which there would be members of the medical profession, that is, members of the medical profession in the same town?—No. We visualise a large Committee representing a County or a County Borough, and on these doctors and nurses should sit.

225. Would you make the proviso that no doctor should inspect a nursing home in his own town even if he were on the Committee? You would not send the whole Committee to examine a nursing



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home, would you?—Of course not. We should not send any of the Committee to examine a nursing home.

226. Whom would you send?—The Inspector.

227. What Inspector?—The Inspector that is provided, of course.

228. Who should be, you say, a medical man?—Yes, we should prefer a medical man.

229. A full time officer?—Yes.

230. That is really making a new appointment of a medical man as an officer under the supervising authority to inspect nursing homes?—No, not a new officer; he would be an officer of the department of the Medical Officer of Health.

231. What sort of officer?—A medical officer.

232. Of what department, I mean?—The Medical Officer of Health; the man himself or one of his assistants.

233. You say here the medical sheet and records should be regarded as strictly confidential, access to them being allowed solely to the medical profession; do you think that is wise?—We do not mean by that that access should be to every member of the medical profession, of course.

234. But do you think that any medical man should see the case sheets of any other qualified doctor of a nursing home?—Certainly not; we do not mean that. We mean that no person, unless he is a medical man, should ever examine these records, and then, of course, it would have to be the special medical man who had some right of access.

235. But do you think any occasion would occur upon which a medical man should see the case records of another qualified medical man?—It might occur, but we do not contemplate throwing them open to all the medical profession, of course.

236. I want you to understand me. You say that a medical man goes to this nursing home, and he is inspecting, and he says: "What is that case; I want to see the notes of this particular case"?—No; we do not contemplate that at all.

237. What does it mean?—(Dr. Lord): It means this: the Bill provided for these records being seen by somebody; we say if they have to be seen by somebody it should be a medical man, and nobody else.

238. But why do you not put in your evidence: "We prefer that they should not be seen by any medical man at all,"

which is certainly what you mean?—(Dr. Bone): We certainly do mean that.

239. Then why do you not put it in, because I agree with you?—(Dr. Fothergill): We could not, I submit, put in that these should not be seen "by any medical man at all" because one of you would at once jump on us and say, how is the doctor in attendance to act if he is not to see the records.

240. He is not there as an inspection officer?—We are not talking about inspection. We say they are to be kept only for the use of the medical profession. The doctor in attendance on the patient would disclose the sheets to anybody the patient was willing to have them disclosed to. It is a private document; it is their own private affair.

241. That is done now?—(Dr. Bone.) We want that to continue.

242. In the third clause you say: "If it did not provide for the exclusion of premises under the control of a registered medical practitioner from the definition of a nursing home." Does the British Medical Association take the line that every medical practitioner's home is to be excluded?—We consider there are methods of disciplining medical men in existence which are sufficient.

243. Have you seen in the Press this last day or two that a certain medical man had been pursuing a certain course of action for many months without the knowledge of the police, and, apparently, he has got six months; where does the General Medical Council come in there?—(Dr. Fothergill.) That is not a nursing home.

244. What I am trying to point out is that although I am a member of the medical profession we recognise that every medical man is not above suspicion and you are making out here that as long as he is a medical man therefore his home should not be inspected, which I think is rather a strong line?—(Dr. Bone.) On this particular point I have to put up to you a decision which was come to; personally I think it is a bit wide, and it is the sort of thing that we should probably, if we were discussing this matter and trying to come to an arrangement, get an arrangement upon. We want particularly, as we have set out here, first to exclude the doctor's private house, which I think is important and essential.

245. I will come to that later on?—Certainly we want to exclude these well



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managed nursing homes with definite Committees and then, as far as possible, we want to exclude the homes run by doctors on private lines; but, of course, I am aware that to put that into a Bill, to get a phrase that would cover these three methods, would be difficult, so we have gone the whole hog by saying: "We want all doctors' houses excluded."

246. You thought that the more you asked for the better chance you had for getting what you wanted?—(Dr. Fothergill.) Might I draw attention to the Surrey County Council Act, 1925. They have a clause saying: "The provisions of this part of this Act shall not apply to a maternity home carried on by a duly registered medical practitioner in his own home at the address at which he practices or resides if in respect of such home there has been lodged with the Council a Certificate in a form to be approved by them signed by two duly registered medical practitioners practising or residing in the County."

247. That is a different thing entirely, because you have two professional brothers willing to pledge their professional honour that the man is all right; you do not do that here?—We want him excluded, but we do not say how he is to be excluded.

248. But you have gone far too far?—Oh, no.

Dr. Davies.] Well, in my submission you have.

Chairman.

249. One of the witnesses thinks that it has gone a little too far, but I think Dr. Fothergill thinks it has not gone a bit too far?—We have put in general terms that he should be excluded; you want to have the confidence that when he is excluded it is on some satisfactory certificate.

Mr. Hurst.

250. It is not beyond compromise at all?—(Dr. Bone.) We quite recognise that there is a middle line.

Dr. Davies.

251. I take it that the British Medical Association have considered the possibility that once a nursing home is registered, and they are quite satisfied that everything is fair and above board, it

would require the minimum of inspection, if any; it is simply the bad nursing homes that you want to get at, and once a nursing home is found to be proper the thing is all right, and no further trouble would occur?—That is our hope.

252. The same thing would apply to hospitals. Would you say that every hospital in this country is properly run as regards its nursing accommodation?—No, I should not like to go so far.

253. Would you say that the nurses are overworked, underfed, do not get enough off duty time, and so on?—I do not know any of those hospitals, but I suppose there may be some.

254. I do. I am referring to the treatment of their nursing staff—not the patients; I have nothing to say against the treatment of patients. You say that the central body should be the Ministry of Health. The point I want to make is on your last paragraph in connection with the inspection of nurses. You say: "The matter would not be of such importance if the inspection was strictly limited to obtaining evidence that the person responsible for the Home was a registered medical practitioner or a certified nurse; or that the matron in charge was a certified nurse; that the premises were suitable for the nursing of the patients; that the accommodation for the nursing staff and domestic staff was satisfactory; that a proper proportion of fully trained nurses was employed, and that the sanitary arrangements were adequate." Do you not think that is a very appropriate clause for a Nursing Registration Bill?—(Dr. Bone.) We should be prepared to accept that.

255. You would accept that *in toto*?—Yes.

256. Would you not also go as far as to say that the only person qualified to judge of the domestic economy of a nursing home is a trained nurse and not a medical man?—(Dr. Fothergill.) The matron.

257. But that matron may be under suspicion?—(Dr. Bone.) If you will limit the duties of your nurse to those matters I should not raise any objection, but if you are going to send a nurse to criticise the nursing then we do think that you are making a mistake.

258. Exactly; I agree with you. That is not her function?—Quite so.

259. I should imagine her function would be to see that they are properly



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trained, and then after that to see that the house is sanitary, and that the cooking accommodation, the lavatory accommodation and sleeping accommodation were what you would naturally expect for a nurse?—If your legislation does that we shall be satisfied.

260. I suggest to you that a nurse is the only person who can do that, and I suggest to you also that the important matter of the charging of fees should be a matter for supervision?—(Dr. *Fothergill*.) The fees charged to the patient?

261. In this way: a person goes into a nursing home and they suggest the fee will be 20 guineas a week, and he will take it for granted for that fee he is getting a properly trained nurse, but he may be getting an unqualified nurse, a probationer. Would you maintain that they should charge the same fees if the case is going to be nursed by a probationer as if it is going to be nursed by a fully trained nurse, and that there should be a different fee charged in the case nursed by a probationer nurse? The case I visualise in my mind is that in the matron's office there should be a list put up of all the nurses saying whether they are trained or not, their place of training, their period of training, and the fee charged for the particular case?—The fee to the patient?

262. The fee to the patient for the particular nurse?—But the fee is inclusive usually.

263. Then it sometimes happens that in the nursing home it is said: "That is a lot of money—if you do not mind taking a nurse partially trained I can do it for two or three guineas less"?—You would suggest that the letters passing between the home and the patient's relatives were recorded for the inspecting nurse to read to see that the contract made with the patient's relatives is carried out?

264. You misunderstand me. What I am trying to safeguard here is that the patient, or the patient's friends, should not be paying excessive fees for, I will not say incompetent, but not the best class of nursing?—Surely the way you will arrive at that thing, if I may suggest it, is, if your Nursing Council would authorise the registered nurses to wear a badge, and therefore, if a person arrives in the room with no badge saying that she is a registered nurse, the patient, or the friends, can at once spot that person as not a

registered nurse; I think you will arrive at it much easier in that way.

265. And therefore charge a lower fee?—If you say you do not require a registered nurse but one of the other staff will do, that is a matter of private arrangement; therefore you would not have a nurse with the badge coming into the room, but I fancy that any inspection like that you suggest would make friction. (Dr. *Bone*.) We do not agree at all that the Inspector should discuss charges.

266. You are quite opposed to the discussion of fees?—You will get awful difficulties if you do. (Dr. *Fothergill*.) And the patient might not object to pay the fee which you considered too much.

267. Then the patient has no just cause for complaint, but at the present time they have cause for complaint—(Dr. *Lord*.) May I suggest that the inspection of nursing homes will put prices up rather than reduce them, for the simple reason if you are going to insist on a proper proportion, as you should, of train nurses in a house the unfortunate person who runs that house will have to pay the trained people more than the untrained nurses.

268. Excuse me; I have not said you must not use assistant nurses or probationer nurses; I do not say that at all, because I think they are necessary. What I think is that the patient, or the patient's friends, should know who are trained nurses and who are probationer nurses, and pay accordingly?—(Dr. *Bone*.) We agreed that they should know, of course.

Mr. Cecil Wilson.

269. I would like to ask one or two questions about complaints. You said quite early on when this was being discussed that there was every opportunity for nurses, or domestic servants, and so forth, to make their complaints, but, as I understand, none have actually been made; is that so?—(Dr. *Fothergill*.) I could not say Yes or No to that. All I can say is that I have been conducting a private nursing home in my own house for 15 years, and I meet other doctors that have them, and I have not yet heard of any, except, as I mentioned to you, a disgruntled nurse wrote to the Board of Control and said I was keeping an uncertified lunatic in my house, and, to my surprise, one morning a doctor arrived and said he wanted to see Miss So-and-So,



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and then he explained why he had come. He saw the patient by himself, and before he left he told me: "Well, if that person is to be certified, all our fathers and mothers will have to be certified, and you will have to open a large establishment for them all," and he reported accordingly. That is a complaint made out of spite as I dismissed her for inefficiency; she thought she would make out that this old lady that I had got there was an uncertified lunatic.

270. You are not taking the view that because you do not know of any complaints such as those that there is not the need for registration?—No. The point, it seems to me, is this, that the presumption is that as there is no great complaint against doctors, like the average human being they are conducting themselves efficiently. I saw in the "Times" the other day, "Please send in to this Committee all the complaints and nasty things you can think of about nursing homes." If anybody said, "Please send in all the nasty things you can say about me," he might get shoals sent in, but I should like to ask somebody else to send all the nice things in. I dare say your letter-boxes are full of them as a result of this letter in the "Times."

271. Supposing there is a patient who makes no complaint whatever at the time but does feel, we will say, that he has not been fed quite as he should have been fed, and supposing he makes his complaint to the Medical Council, what happens?—A case of feeding?

272. Yes.—Well, it is very difficult, you see. I will just take a practical case. Here is a person who says: "I ought to have had a mutton chop for dinner," and the doctor in charge of the case thinks he ought not to have a mutton chop for dinner, what could the General Medical Council do with that? They would say: "Surely this is a matter for you to settle with your private doctor, and if you do not like it, do not go there again, nor send your friends."

Sir Richard Luce.

273. Does it differ from an hotel?—Quite so.

Mr. Cecil Wilson.

274. Therefore, what it comes to is this: The patient makes complaint to the Medical Council, and the Medical Council says you have to settle that with your own private doctor?—(Dr. Bone.) That would be a purely frivolous case. (Dr.

Fothergill.) The General Medical Council has to do with the morals or the professional conduct of the doctor. If they received a complaint that a person did not have mutton chops for dinner it is probably so frivolous that the General Medical Council would feel that they ought to suggest that the person who wrote should be seen by two doctors and a magistrate. (Dr. Bone.) If the patient says: "I am not getting enough food," the wife, or the husband, or sister, or brother of the patient would come and say: "Look here, you are not treating my husband, my wife, my brother, or my sister properly."

Mrs. Philipson.

275. How many cases are there where a doctor who has had a complaint will interfere with the running of a nursing home?—He is a jolly poor doctor if he does not. (Dr. Fothergill.) He will, tactfully, if he is looking after his patient's interests.

Mr. Cecil Wilson.

276. There has surely been many a case where a patient has said—speaking broadly of nursing homes—"I did not like saying anything at all about it at the time because I did not know what else might happen."—Would registration get over that? (Dr. Bone.) I get that in my own hospital, in a public hospital, I get people complaining afterwards that they have been badly fed when they have not been badly fed, when the food is proper and sufficient. I get it repeatedly.

277. Where is your hospital?—Luton in Bedfordshire. (Dr. Fothergill.) Do you not think you would get the same sort of complaints at hotels where everybody is healthy, wealthy, and wise, and if you get complaints at hotels, surely where people have to be dieted for the sake of their health such complaints are accentuated still more.

278. Perhaps it is not worth while following; I should not have raised it except for what you said with regard to complaints. With regard to your third suggestion in the second paragraph where you propose to exclude premises under the control of medical practitioners, do you suggest any kind of limit with regard to that? You did speak of certain patients?—(Dr. Bone.) Yes.

279. Supposing a medical practitioner has a very large home, do you suggest there should be any difference at all?—(Dr. Fothergill.) In inspection?



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280. Yes.—Why should size make a difference to the inspection?

281. I am asking you whether you suggest it?—(Dr. Bone.) No. Our suggestion is that homes run by medical men should be excluded from registration. That is our principal suggestion, which as I have said of course is wide and capable of modification, but that is the suggestion of the British Medical Association.

282. Then with regard to the second paragraph on page 2, on the question of notices, is not that sufficiently safeguarded by Section 7 of the Bill: "Every person carrying on a nursing home shall, if required in writing by the registration authority".—(Dr. Fothergill.) That is about having this notice up.

283. Yes.—You mean you will give the discretion as to having a notice on your front door to the local authority? I should strongly object, and the profession would generally. (Dr. Bone.) I am sure it would. (Dr. Fothergill.) Just imagine it yourself. It seems so extraordinary. Here is a private Doctor's house, where his own family lives, and he happens to take in an elderly person who has got no relatives or has only a limited income, and is really better in a home. They would have their own home, if their sons and daughters were alive, or they had any, but they stay with a Doctor and go about *en famille*, and he has to have put outside his front door "Nursing Home," or "Registered Nursing Home," with regulations inside. It seems so extraordinary that I cannot understand anybody wanting that.

284. You are not going to assume that in cases of that sort the local authority, the registration authority, is necessarily going to insist that everybody shall do that; it is left entirely to their discretion?—We suggest that there should be no discretion at all. The whole question of the Doctor's private house should be excluded, on two other Doctors' certificates, if you wish, but we do suggest that the Doctor's house should be excluded from this Act.

Sir Richard Luce.

285. You say that the British Medical Association is not hostile to this question; is it very strongly in favour? One of the things that we have to decide is whether there is any real need for this Bill at all, and how far it is needed. Have you any

body of evidence which you could produce of the need for registration of these places at all?—(Dr. Bone.) No. We have no evidence of any general desire or need for registration.

286. Supposing it is found that there is need for registration, what particular class of homes is it necessary to guard against? That is one of the points I wanted to get from you. In your view, as far as you have heard of any badly run homes and so on, what class of homes should such a Bill as this be directed to?—I think probably the worst class of all is the class of homes run by unregistered nurses.

287. For what purposes—for maternity work?—Yes. Probably the maternity group would be the worst group, but I think there is another group; there is the group where nurses take infirm people into their homes, the broken down old people, and that sort of person. (Dr. Lord.) Of course, there is nothing to prevent anybody at the present day who likes to take it up as a commercial concern running a nursing home. I know of one case where there originally was some medical supervision, and I think it changed hands; somebody bought it who, as far as I know, has never had any nursing training whatever, and I do not know that there is a trained nurse in the place. A doctor is called in if it is necessary at any time.

288. There are a certain number of homes of that kind that are in your mind?—Well, I know the one. (Dr. Bone.) Yes; I think we have knowledge of that.

289. With regard to the question of inspection, who is to do the inspection, if there is any inspection? The question has been raised as to who is a suitable inspector. I take it that it is very important that there should not be three or four inspectors for different purposes in the same institution, one looking at one thing and another looking at another?—Very important.

290. It is very essential that you should not have perhaps three inspections in the course of a year, or a quarter, or whatever the time may be?—Yes.

291. There are certain things which would come under the question of sanitation, where the nurse would not be a suitable person to do the work in the ordinary way; she would not have the training in general sanitation work?—Quite so.



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292. Therefore, a nurse would not be suitable for that part of it?—That is so.

293. Then there are also parts of it at any rate which would not come under nursing again. The general administration would in many cases be much more a matter for a medical officer of health to inspect. It would have to be somebody in quite a high official position, at any rate, who would be a suitable person. Therefore, does it not appear in the end that the only person who is really suitable is one who can combine those important offices, and he must be in the end a Doctor?—(Dr. Bone.) The Association is very strongly of that opinion.

294. Otherwise you would have to have at least two inspectors or probably three, if you were going to have one for each of the special branches?—Yes; we hold the view very strongly that the inspecting officer should be a medical officer of health or his deputy.

295. His deputy for perhaps a minor matter. Then if it comes to a question of nursing it would be essential, would it not, if you had an inspector who was a nurse for the nursing part that she should be a nurse of the very highest position, because she would be inspecting the duties which would be the responsibility of a person in the position of at least a matron?—Yes.

296. She would have, therefore, herself to be at least of the class of a matron?—Yes.

297. With regard to the question of records, it is an absolute rule, is it not, in all institutions at the present time that the records of the patients are entirely personal and private matters between the doctor and the patient himself?—That is the universal rule.

298. It is universal in all general hospitals at the present time.

299. Those documents are not open to the inspection of anybody, even the managers of the hospital?—(Dr. Fothergill.) I think that was even recognised in the War. I remember a case where the Courts required the records from the War Office with regard to a patient, and the War Office refused to hand them over, and the Court had to do without them; they were absolutely confidential.

Dr. Shields.

300. Did I understand Dr. Bone to argue against inspection altogether?—

(Dr. Bone.) Inspection of nursing homes—no.

301. Perhaps it was Dr. Lord; I think he developed an argument against the inspection of most nursing homes?—I do not go so far as that.

302. I should like the opinion of the other two members of the Deputation with regard to the inspection of maternity and nursing homes as to why they should not all be brought under one system of inspection?—I do not think we have ever said they should not be brought under one system of inspection.

303. I should like to know; do you think they ought to be under one?—Yes, but we want to make that inspection as limited as possible in character, and that it should be carried out by a suitable person, namely, the medical officer of health.

304. You have no objection in principle to all nursing homes, maternity or otherwise, being treated in the same way?—None whatever.

305. And you suggest that a Subcommittee of the Public Health Authority, the local authority, as the supervising body?—Yes.

306. Then I think it was Dr. Fothergill, whose evidence interested me very much, who suggested that local doctors should be consulted by this Committee?—Our idea is that in the whole development of these health schemes there should be a local professional committee which would be consulted by the local authority's committee on all health matters in the area.

307. But is the suggestion not rather that they should lay down the standard which the inspector is to carry out and would not that lead obviously to a very great variation in the standard throughout the country, when what we want is a uniform standard?—No, I do not think so.

308. Do you think the group of local doctors, the little medical professional committee, would have the same ideas in every town of the country?—We are not contemplating a little group of doctors or a little professional committee. We are contemplating bigger things. We contemplate a professional committee representing an area which is a county area or a County Borough area, as the case may be.

309. Take the County area; there are a great many different County areas and there are a great many different ideas



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in different Counties, and there would be different standards?—If you get a County Committee you will get a good standard.

310. You do not favour, do you, that the inspection should be carried out under the auspices of a central body, such as the Home Office in the way factory inspection is carried out?—We are contemplating the Ministry of Health as the central body.

311. But working through the local authority?—Certainly; working through the local authority.

312. The local medical officer of health?—Yes.

313. What is your opinion about the central authority, such as the Ministry of Health, not working through the local authority at all, but having inspectors only responsible to the head office?—I should imagine the result of that would be a flood of inspectors at enormous expense.

314. Do you think you would require a great many inspectors to work in that way? You said before that you would not need much inspection after they were registered?—When I compare the two methods I think your suggestion of this new method would be an uneconomical and expensive method.

315. I am not suggesting it; I am asking you the question?—I mean, what you are talking about.

316. With regard to the records, would you agree that it would be desirable that the Ministry of Health should at least have all or any technical information from these records with a view of helping our statistical knowledge of diseases?—No; I do not think I could commit the Association to that doctrine.

317. Does the British Medical Association not believe that an accurate compilation of statistics of disease throughout the country is a very big advantage?—Yes, and with proper safeguards as we have under the National Health Insurance Acts it can be done and is being done. If a system were applied to the private records of the same nature as is applied to the Health Insurance records, I have no doubt the Association would support it, but as we are at present looking at the thing, these are private individual records, and of course we could not in any way destroy their confidential character.

318. You would admit that if you take the whole country it represents a very

great mass of disease?—If you could take records and take away their confidentiality, taking them merely as names of diseases, I think it would be of great value.

319. You would be quite agreeable to that?—Yes.

320. You would regard it as desirable?—Yes; if they were no longer confidential records. (Dr. Fothergill.) But would they be of much use? Just think of the enormous personnel of the voluntary hospitals; take the number of cases in a year, and then take in comparison the few in the nursing homes; what use to the Ministry would that be? I submit no use whatever. If you were going to take the whole of the diseases of the population from every hospital and everything else, that seems to be an enormous problem beside which this is infinitesimal in comparison.

321. But it is always getting nearer. It is getting information as to the whole population. You have already got one third of the population as regards the Insurance Act?—That is domiciliary, not hospital.

322. But still it is information?—(Dr. Bone.) But even that is very largely theoretical. The country has never been able to afford to collate these records and make use of them.

323. Well, it is not a very deadly point, anyway. Then with regard to the doctor's home, I think you have already admitted that it is quite possible that nursing homes which have doctors might be poorly staffed as regards nurses, and they might have bad accommodation for servants and so on. In a Bill of this kind, do you think that the House or public opinion would support the entire exclusion of doctors' premises simply with one safeguard, a report to the General Medical Council?—No, I do not think so.

324. We know, of course, that the medical profession is anxious to keep in its hands the privileges and responsibilities which it has had of looking after its own affairs. Would the Deputation approve of the British Medical Association, or preferably the General Medical Council, setting up a Committee which would have the supervision of nursing homes run by doctors? At the present moment you must admit that the matter of making a complaint, even in an ordinary doctor's business, is rather a difficult procedure, or rather it is not a



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difficult procedure; it is one that does not readily occur; and supposing you had a complaint with regard to the condition of staffing, too many probationers to the number of trained nurses and so on, would not that be a difficult matter?—(Dr. Fothergill.) Might I put in upon this point with regard to Doctor's nursing homes, as we are discussing this point, that it seemed utterly vague what you mean by a nursing home. A doctor takes a single patient into his family; I submit the term "nursing home" is not a correct term to use there. The patient may never want a nurse except if he gets pneumonia, like we are all liable to. He may never require a nurse; he may require an ordinary man to go out walks with, or a lady may require a doctor's sister or anybody else just to go walks with her. These are not nursing homes; they are private houses where hundreds of doctors take hundreds of patients, and they live *en famille*. There is no staff of nurses; they do not exist. The number of doctors that actually have six, eight or ten patients in their house is a limited quantity.

Chairman.

325. You suggest we could find a definition of "nursing home" which would exclude the doctor's house that is used in that way?—Yes. I submit that these single patients or two patients houses are not nursing homes in any sense of the word.

Dr. Shiels.

326. But I submit it is within the knowledge of all of us that there are any amount of nursing homes run by doctors (I know of many myself) which have quite a large number of beds.—(Dr. Bone.) Oh yes.

327. And it is certainly a branch of the problem which we cannot ignore. What I am putting to the Deputation is this: seeing that the public would say that if the one class of home is to be inspected, the other class must be inspected, would they consider as a way out whether some committee of the G.M.C. or the B.M.A. should not have the supervision of nursing homes of whatever size or kind run by doctors?—This is a most interesting proposition, which I am sure we should be delighted to take into consideration. Our main object, as you know, is to get rid of the doctor's private house with the one patient from the Bill; then to get rid of the group of well run nursing homes connected with hospitals and the

like, and now this further provision that we should set up in our own profession some method of inspecting homes run by doctors is of great interest, and I am sure if any practical proposition could be brought forward to do this, we should welcome it because it has always been one of the principal aims of the profession to manage its own affairs. Some such suggestion as this would perhaps enable us to do it. It could not, of course, be done, I am afraid, by the General Medical Council; it would be quite away from all the functions of the General Medical Council; but it might be done by some special organisation of the profession, and I shall be very glad indeed to take it to the Council of my Association as a suggestion, which I am sure they will be very very pleased to consider, and we may some day be able to come back with a suggestion.

328. Might I ask the Deputation if they have any idea of the proper proportion of probationers to trained nurses?—I think that would depend entirely on the nature of the home. You see, a surgical home, and especially a surgical home dealing with serious cases, would have a very different proportion from a medical home.

329. Would you give us one of each?—I should not like to set it out; it would be a dangerous suggestion. It is a very important point.

330. We shall be having evidence and discussion as to whether women are satisfactory or not, and the point will come up frequently?—That is the sort of question which ought to be put up to one of our committees and carefully discussed by experts.

331. We shall be getting evidence upon it, and I wondered if you had any view?—Personally I should hesitate, and I am sure my colleagues would hesitate, to state any point. (Dr. Fothergill.) Might I take this point as to the nursing homes as I know them, and there are a good many down in Brighton and Hove. There are a large number of nurses who practise, registered nurses in point of fact, around these districts. At the nursing homes they have a minimum staff, trained and certified, and trained and not certified, you may say. If they get a peculiar case that wants special trained nursing they are in touch with these outside nurses that are working on their own, and they engage them to come in. The matrons have long lists of them. Therefore for you to say, or anybody to say, that this nursing home which has 10 beds should have X number registered



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and Y number unregistered on the staff, without any regard to the disease or the illness for which the patients have come in, could not be worked.

332. But it must be worked in some way. If a person has a nursing home and wants to take general medical cases, or is going to take surgical cases, or is going to take any other kind of cases, that person must staff the home in some way and must have some standard?—They have a minimum staff.

333. What is the figure; that is what I want. I can quite understand that there are differences in different cases, but the people who are running the home have to face the problem and they have to solve it for themselves?—(Dr. Lord.) There certainly should be a provision that there would always be available an adequate staff of trained people at night, because that is one of the great complaints of some nursing homes—that there is no trained nurse available at night unless you get one out of bed for the special purpose.

334. Do you agree with the suggestion of General Luce, which I had also noted, that if the nurse with the medical officer of health were of the rank and status of a matron, that would obviate any feeling of hostile disrespect on the part of those who were being inspected?—(Dr. Bone.) Of course we are very definite in our view that the inspection ought not to be carried out by a nurse.

335. But do you object even in conjunction with the medical man?—You mean, if there were to be two inspectors?

336. Yes.—No, I do not think we should object then.

337. I suppose the Deputation agrees that it is quite possible, apart from the question of complaints of which we have heard so much, for a patient to be quite satisfied with the treatment, to have been very kindly nursed, and to be full of praise for the nurses, and yet to have been very inefficiently nursed?—Oh, yes; that might happen. (Dr. Fothergill.) That might happen in your own house.

338. A kind heart covers many sins?—(Dr. Bone.) That might happen.

339. And therefore inspection would require to be something more than merely listening to complaints by querulous people?—I am afraid no inspection and no law-making would ever get rid of that particular difficulty.

340. Well, I do not know; the evidence of the patients would not be the sole criterion?—No.

Mrs. Philipson.

341. Dr. Davies dealt with the points that I wanted to speak about, and I was rather glad to hear Dr. Bone say that he had stated his case rather wide about that one particular point. I know there are many nursing homes run by doctors who send their patients probably year in and year out to the same nursing home, but you will admit that there are others where the doctors send their patients only occasionally, and it is in those homes particularly, I think, that we really want inspection. This is one point that I wish to mention: for instance, there are nursing homes run probably by a matron or someone calling herself a matron, not a very qualified nurse at all, but who has charge of and runs a nursing home. They have an operation case sent in by a doctor. For the operation case, for two nights probably over the operation very often they engage a nurse who is really resident, as you know many nurses are, paying part of their time by giving a certain percentage of their fees to the place where they stay, or are kept for a certain period. Those people engage those nurses for, say, two nights over the difficult part of the operation, and the rest of the time these people are nursed by a housemaid, their meals taken up by a housemaid, and not properly nursed at all. The people who run these nursing homes have the advantage of having a first-class nurse at a very little fee engaged from a home, and they get over the worst part of the operation and then the people are improperly nursed. There are many nursing homes after all where the people are paying exorbitant fees; I say that those nursing homes in the strict sense of the word are not nursing homes at all, and it is an injustice to the public and to the nursing profession. Another point you mentioned was about the homes for mental cases and the infirm. Judging by the number of letters I have received in the last week, I should think these homes certainly require supervision. — (Dr. Fothergill.) Are these doctors' houses?

342. I am coming to that point now. You will say at once that doctors, like everybody else, must be above suspicion. I am not saying they are not, but surely there may be certain doctors, and I should think this inspection would be of more benefit to the medical profession than anybody else. I do not see at all



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why in regard to private doctors' houses, where they have probably an infirm or a mental patient—it is for you to judge and talk it over—those doctors should not feel that they might go into the Bill, but that they should have a secret register supplied to the Ministry of Health. I think it could be easily got over in that way. Then there is just one other little thing.

*Chairman.*] You have not got an answer to your question yet.

*Mrs. Philipson.*

343. Would you object to that?—If a doctor has one or two patients in his house?

344. You mentioned the case of doctors having an infirm or a mental case living in their house?—Yes.

345. Would that doctor, if he is an honourable man in the medical profession, mind the Ministry of Health having, say, a secret register for doctors?—It need not be secret at all, because we all know these doctors; we meet them every day as we go round. There is no secrecy about it. The point is this, if I might go so far, that if two doctors practising in the district were to give a certificate that in their opinion Dr. So-and-So is suitable, his name should be put on the list of those whose houses were never to be inspected at all.

346. You think two would be wise?—Well, three, if you like.

347. You would not object to three?—I do not mind the number. If a doctor cannot get two or three reputable doctors in the district to say that he can be trusted to take in single patients into his house who are not certified—of course if they are certified they come under the Board of Control and he is inspected—then the sooner he shuts down the better.

348. But you agree that two doctors to certify him would be better than one?—If you like to put two. I should not mind myself having two doctors in my area saying I am considered to be satisfactory and that I can be put on this register as not to be inspected. I would not mind at all, because I am perfectly sure I should get that.

349. Then with regard to inspection—I am not dragging sex equality into this—if there is a question, say, of two people the medical officer and somebody else, do you agree that a qualified nurse would be a better person to know whether the sani-

tary arrangements or the cooking arrangements, or the utensils, and things like that were in order? Would you have any objection to that?—(Dr. Bone.) Do you mean if there were to be two?

350. Yes.—No; I do not think we should have any objection to that at all.

*Sir Richard Luce.*

351. On the question of the nurse, would you consider that even a matron was suitable to look after drains?—No.

*Mrs. Philipson.*] That is not my point; they are not going to examine the drains.

*Sir Richard Luce.*] Surely that would be one of the things.

*Chairman.*] Somebody has to see whether the place is sanitary. I suppose you are thinking that the matron might know something about cooking and the state of the kitchen.

*Mrs. Philipson.*] After all, medical officers of health and sanitary inspectors do that now.

*Chairman.*

352. The medical officer of health would not know very much about cooking.—It is not a sex question at all. The doctor might be a woman.

353. You would not mind a woman doctor?—(Dr. Lord.) Not at all.

*Mrs. Philipson.*

354. You do not absolutely say that there is not a case for registration?—We agree that there is a case. We have no evidence for any very great demand for it. We ourselves have no very great evidence of any demand for registration, but we agree that it may be necessary. (Dr. Fothergill.) I had occasion to get the view of Dr. Helen Boyle, who takes mental patients into her house and runs the Lady Chichester Hospital. Her experience of people being on a register was that it created a false security, and the only home that she knew in the area of Sussex—I put it very wide—that ought to be closed down was one which had got very good certificates that it was a very satisfactory house.

*Mr. Hurst.*

355. That rather discounts the two doctors' certificates, does it not?—I do not know whether you have got the



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certificate, but the point that you have to keep in view is that when you have registration you may have covered a very unsatisfactory situation, and therefore you are not going to secure your point by the act of registration alone.

*Chairman.*

356. No; it is the inspection which is going to keep it up.—And even by the inspection you have not covered it.

357. You would do something to give confidence?—You would do something towards it, but you will put these people in a position which sometimes is not justified.

*Mrs. Philipson.*

358. I am touching on rather a delicate subject now, but in your experience

have you come across any of these homes being run, calling themselves maternity homes, and practising birth control?—(Dr. Bone.) No, I have no personal experience at all.

259. I mean teaching people birth control?—(Dr. Fothergill): In the nursing home?

360. Yes.—I have not heard it.

361. I mean, calling themselves maternity homes and teaching birth control to the women who happen to go in there for any illness; they take the opportunity of talking about birth control?—Not calling themselves maternity homes?—I have not heard of any of those at all.

*Chairman.*

Thank you, Gentlemen. We are very much obliged to you indeed for coming and helping us.

(The Witnesses withdrew.)

Miss M. S. RUNDLE, R.R.C., called and examined.

*Chairman.*

362. You represent the College of Nursing, do you not?—Yes.

363. What is the College of Nursing?—It is an organisation of trained nurses numbering 25,000 odd.

364. What are its objects?—It has 41 branches throughout the United Kingdom, where all these questions, such as registration of nursing homes, are discussed.

365. What was it founded for—as a sort of Trades Union for nurses?—It is not quite that, but we hope in effect it is.

366. I was only using “Trade Union” as a term of art.—It is to look after the interests of nurses, to improve their education in post-graduate work, and to promote legislation which is good for the profession.

367. And it has given special attention to this question of the registration of nursing homes?—It was first discussed at an annual conference at the College in 1924, when a resolution was passed wishing the Council to proceed to draft a Bill carrying out the provisions for the registration of nursing homes. It has been discussed in all our branches throughout the United Kingdom, and resolutions have been passed accordingly.

368. What are the main grounds of your favouring the idea of the registration of nursing homes?—Because we feel that the public is not sufficiently protected in this way. Women are entrusted with the care of the sick who have no qualifications for nursing them.

369. Can you develop that at all?—In what particular way do you mean?

370. How is it that it comes to your notice that the public are dissatisfied with things as they are; let me put it in that way?—From complaints that we have received and from information that we have received from our members, and evidence will be presented to you later from individual nurses.

371. A good deal of information comes to you through your nurses?—Yes.

372. Through the members of your Association?—Yes.

373. Does information come in other ways besides that?—We have received information from patients.

374. But mostly it comes through the nurses?—Yes.

375. What is the general nature of the complaints that are made against the nursing homes?—That those who are not qualified are assuming the position of trained nurses. Patients are ignorant of this condition, and in many cases the doctors are also ignorant of it, and there-



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fore it is felt that some protection should be given to the public, who are not in a position themselves to know what they are missing.

376. Have you discovered nursing homes where there are no trained nurses at all?—Nursing homes which are controlled by incompetent women and nurses may be engaged by them who are not fully qualified. I would not say they had not some training, but not what we would consider a trained nurse—not a State registered nurse.

377. Do you hold that every nurse in a nursing home should be a fully qualified trained nurse?—That is the ideal condition. We know homes where they are all fully trained. We hope the time will come when every home will have trained nurses only.

378. Are the fees in those homes particularly high?—No; that is not our experience. We find that it is very often the homes that are not run by the qualified that are the most expensive. That is an additional reason, if I may say so, for our desiring registration.

379. Are there any other unsatisfactory things in connexion with nursing homes besides the low qualification of many of the nurses?—Yes; the equipment is often inadequate. The accommodation for the staff; nursing and domestic, is very poor, which reacts on the patient. Nurses do not get sufficient sleep. There is no proper accommodation provided for the night nurses, so that when they are on duty and are tired out, the patient rings the bell constantly and no nurse attends; the nurse may be asleep or fagged out.

380. Do you think that the medical people who attend to look after the patients in these nursing homes exercise any kind of supervision over all those unsatisfactory things which you have mentioned?—They are not always qualified to know.

381. Do they ever seem to look into these matters?—Some do, but the majority of them are too busy and too much concerned with their own professional treatment; and it does not come under their province. I may say that nursing is not included in the professional curriculum of a medical man.

382. I take it you are in favour of inspection?—Yes, decidedly.

383. Would you exclude any class of nursing homes from inspection?—None

whatever, except those that are mentioned in the Bill, coming under public committees and so on.

384. But how about the doctor's home, where he takes a patient; what do you say about that?—Or the nurse's home who takes a patient. There are many nurses who take a single patient in the same way as a doctor does. My own profession does not pretend to be infallible and we have black sheep within it.

385. Would you include those in the inspection?—I would include those in the inspection.

386. Do you say the same of the doctor's house where he takes a patient or two patients?—I think the doctor's home should be included certainly.

387. Who do you think should be the inspector?—A registered nurse and/or a medical practitioner. For some cases a medical practitioner perhaps would be best suited when it is a question of sanitation, but in the majority of cases a registered nurse would be more efficient and suitable.

388. Do you like the idea of the medical officer of health being present when you inspect nursing homes in his district?—Yes, if he is not too closely connected; if the central organisation is a County and not a small local committee; the larger the area covered the better.

*Sir Richard Luce.*

389. Would that exclude the County Borough?—No, not County Boroughs—Metropolitan Boroughs.

390. Do you object to a County Borough authority?—Not a County.

391. A County Borough?—No; not a County Borough.

*Chairman.*

392. The medical officer of health of a Metropolitan Borough Council would not be a suitable person?—Well, it is rather local, is it not—rather too near the home in question.

393. He would know too much?—He would know the people concerned perhaps.

Dr. *Davies.*] The same thing might happen with a County Borough of, say, 60,000 or 70,000 inhabitants.

*Chairman.*

394. After all, a Metropolitan Borough Council very often has a larger population than a good many County Boroughs.



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What do you say about London; who is to be the inspecting authority in London?—The London County Council.

395. That is the medical officer of health of the London County Council?—Yes.

396. And his staff?—Yes.

397. What should be the nature of the inspection?—The nurse inspector would, I think, first of all, inquire into the staff, the number of the staff according to the size of the home, and the number of the trained staff and the accommodation. Then she would inquire into the equipment, the linen, and for that purpose it would be necessary for her to have some idea as to the nature of the cases in the home, because some of the cases would require a good many sheets and other linen, and other cases would perhaps require only a quarter of the quantity. A trained nurse in going round would soon discover, without looking into case sheets or records, the nature of the patient and the kind of patient.

398. Without looking into any?—Without looking into the details of the records and case sheets. She would want to know whether there were any infectious cases there; with regard to the care of the utensils whether there were a sufficient number to set aside marked utensils for particular cases; whether they had enough utensils for the use of all the other patients, so that there should be no cross-infection.

Dr. Davies.

399. I should like rather more explained. Do you mean a home where they take infectious cases in, or a nursing home where a case may become infectious?—Either.

400. Because there is a difference, you know?—Yes.

401. A case may be in for some illness and develop an infectious disease, which would be an accident; is that the type you mean, or a nursing home which will take infectious cases in?—I do not think the inspector would be so concerned as to how the case got infected, whether it was before she came in that it was infected. She would know, the case being there, the kind of nursing treatment and equipment that was required, and the arrangements which should be made for the segregation of the linen, the utensils, and so on.

402. You are dealing with treatment; I thought you were dealing with the linen—the stock?—Yes, the stock; not the treatment.

403. In that case, if they take infectious cases regularly they will want a very much larger stock of linen than if they have got the case in by accident; that is the point I wanted to get at?—It depends, does it not, on the kind of infection?

Sir Richard Luce:] What cases have you in mind?

Mrs. Philipson.

404. The case that was mentioned this afternoon, for instance—the case of syphilis?—Yes. That would need very great care in the use and the cleansing of the utensils and linen. A case of tuberculous laryngitis should have every cup, plate, spoon, knife and fork put aside, and marked for that particular patient's use. These would be the things that the nurse would look for and see that they were not being used by the other patients in the home.

Chairman.

405. Do you think all that is very much neglected in the great majority of nursing homes?—I think it is.

406. Have you any general example you could give us of a really bad case of the sort of things that happen; that is an argument, of course, in favour of registration, because what we want is an argument in favour of it?—Cases have been known where surgically clean appendix cases have been put into infected beds, I have heard of one particular case—from which the body had just been removed of a patient who had died of cancer. No care had been taken to disinfect the bed or to stove the mattress. The case was put in this particular bed.

407. Is that a very extreme case?—Well, it is exceedingly bad nursing.

408. I did not mean from that point of view. Would you say that there were other examples as bad which could be quite easily detected and found out if there was proper inspection of nursing homes?—I think so, but I think that is a pretty bad case from the surgical point of view and the risk that the patient ran of infection.

409. The inspection would only help you there by the fear of inspection, or the fear of being found out? These things might happen if we had inspection, I take it?—Exactly.

410. But there would be fear of them if there was inspection, because people would be afraid of being found out; is



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that so?—Yes, and also the nurse inspector would make inquiries when inspecting as to the provision for the stoving of a mattress, or what happened when a patient died; was there any accommodation; what would happen; what would they do in such and such a circumstance?

411. Apart from that kind of case, what other examples can you give us in a general way as to the neglect of the sanitary arrangements or sleeping accommodation, and that kind of thing?—It is not unknown for nurses to be sleeping in basements; for the night nurse to have to share the same room, so that the room was never thoroughly aired, or the bed aired. The day nurse would be sleeping in the bed at night, and the night nurse in the bed in the daytime. That is done, and nurses are lodged in unsuitable localities where a night nurse, for instance, would have to sleep in a noisy neighbourhood where there was not any chance for her to have proper rest and repose during the day.

412. With regard to the sanitary affairs, have you any information on that point?—Nursing homes are generally ordinary private houses just adapted for the purpose, and very often the sanitary arrangements are very primitive. For instance, it is not unusual for there to be one lavatory used by the patients and the staff, with no proper sinks and sluices as there should be in nursing homes for the emptying of utensils.

413. How is the supply of hot water?—It is very unusual for there to be a circulating system in the nursing home.

414. Have you visited many of these homes yourself?—Yes.

415. All over the country?—No.

416. Mostly in London?—No. I really have not visited them for the purpose of getting any information for this Committee.

417. But you have been professionally engaged in them, have you?—No, never.

418. Then in what way have you visited them?—As a patient and as a friend of those who occupy them or who are in charge of them.

419. All your friends who keep nursing homes, of course, keep them well?—Not necessarily.

420. You would exercise a certain amount of influence, I take it?—I have visited some very well conducted ones.

421. There are some well conducted ones?—There are some very well con-

ducted ones, and those we would like to protect.

422. These medical gentlemen just now seemed to think that there were few badly conducted homes; which do you think is the real truth?—I would not like to draw any comparisons. I think it is sufficient that there are a good many that are badly conducted where the patients are not getting proper care.

423. On this general question of registration you put out in your paper here that registration is carried out in a good many places; we will take that from you, and, indeed, we know ourselves that in a great many of the Dominions beyond the seas registration is practised?—Yes.

424. Have you made any inquiries about how far that has improved the position and the state of nursing homes in those countries where registration and inspection are carried out?—Yes, from nurses who have visited this country coming from the different parts. One came not very long ago to visit a friend who was in a nursing home in this country, and after she had visited the friend for some two or three visits she said: "I have come home to have an operation, but I am not going into a nursing home from what I have seen; I am going into a hospital," and she went into a general hospital.

425. Do you not think that that would really be effected by reorganisation of the hospital scheme in this country if we ever get that, as we hope we shall, so that there will be many more paying places in hospitals in the future which would take the place of nursing homes?—I think so, but that does not protect the public immediately, does it?

426. No; I am only looking into the future?—I think the same kind of nursing home that exists now will still exist.

427. Did this nurse, the friend of yours who came to you from the Dominions, contrast in any way in conversation with you the nursing homes as they were, wherever it was she was in the Dominions, which were subject to inspection, with those in this country which are not subject to inspection?—Yes, she did, and she thought there was a great need in this country, and deplored the fact that we had not done something already.

*Chairman.*

Have you any questions, Mrs. Philipson?



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[Continued.]

*Mrs. Philipson.*

I think I am too much in sympathy with the witness's statement to ask any questions.

*Mr. Cecil Wilson.*

428. You have named some of these difficulties with regard to the need for inspection. Do you know of any cases where nursing homes have really been nursing homes in name only?—Yes.

429. I mean, they are used for improper purposes?—I have not come across them personally, but I have heard of them.

430. You think there is good ground for what you have heard being authentic?—Yes. I shall be able to bring evidence by others who have experienced them, later.

431. The medical men we have had here did not desire that the case card of the patient should be open to anything in the way of inspection, but I take it you are taking the view that the inspector, whoever the inspector is, should have some knowledge of what the case is, and some knowledge also as to what will become of the patient after the patient has left the hospital or the home?—No. I do not think the inspector should be concerned with what happened afterwards, but I think the inspector should know the kind of patient in the home, for the reasons I gave—the supply of the necessary equipment. Some cases require so much more equipment than others, and a different kind of equipment.

432. When I refer to the disposal of the patient, I am rather thinking of the cancer case you mentioned where the patient had died. Ought not the inspector to have some knowledge as far as there had been deaths, and so forth?—Yes, I think so.

*Sir Richard Luce.*

433. Do you not think that the registration of homes will add very considerably to their expense?—No, I do not think so.

434. It will run up the cost of the existing nursing homes?—Judging from my experience that the best homes are not the most expensive, I do not see how it should. There may be some initial expenses in sanitary arrangements, very likely.

435. That, of course, is a very large expense, is it not?—Not necessarily, and the usual running expenses would not be increased.

436. Not even if they insist on a very much larger proportion of fully trained nurses?—From my experience I should say, not. Of course, I am thinking of the excessive charges that are made where untrained nurses are employed.

437. You think there is a large amount of that at the present time in London, for instance?—I think so.

438. My knowledge is mostly of the country work, where excessive charges would be impossible, more or less?—We want to protect the patient to see that the patient has skilled nursing. We are not so concerned with the fees which are charged in different homes. In different localities the rents and rates vary, so that I think it is rather doubtful whether one would be in a position to have much to say about the fees. But what we would say is: Is the patient getting what he is paying for, which is skilled nursing and proper equipment?

439. Are you looking forward to the time when nursing homes will be practically eliminated? I am thinking now from the point of view of those who have used nursing homes and how inefficient they are compared with hospitals. Are you visualising the practical elimination, that is to say, drawing the regulations of nursing homes so high by inspection that they will be eliminated, and that the whole thing will be forced into a general system of paying hospitals?—I think, possibly, that is what will happen.

440. But you are working towards that in your views with regard to registration?—Not quite, because some patients have a great objection to going into what they call an institution, and some prefer the "homey" feeling of a nursing home as we know them in this country.

441. Will not registration rather do away with that "homey" feeling that you are talking about?—I think not.

442. Inspection, and so on?—I think not—not if the homes are conducted properly.

443. On the general point again, you do think that there is a very large amount of unsatisfactory work being done in nursing homes at the present time?—Yes.

444. Could you give any sort of proportion of it? Of course, I wish to take it from two points of view, first of all, nursing homes which are not really



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nursing homes at all, and which ought not to be called nursing homes, which have some other purpose, immoral or otherwise; do you think that there are many of those, and that it is really a large question?—It is very difficult for one to give a reply to that which would be fair. Until there is inspection that cannot be revealed.

445. Yes, but I am speaking now from general experience. One does not know the existence from a medical point of view of these places very much; they are not advertised as nursing homes; they are not known to the medical profession as nursing homes, at any rate. Would inspection get over that difficulty? If they were not known as nursing homes to doctors would they be known to the police as nursing homes, or to inspectors?—They would be known as places where patients were taken.

446. You think there is a definite claim for that? Of course, I am speaking as one who does not know the existence of these places practically. Now, taking the other class of cases, do you think that there is a very considerable number of homes which are legitimate homes, but which are not run properly—There are many of them.

447. Quite a big number in London, for instance?—Yes.

448. You think that the control of the doctors who send such cases, and the fact that patients go out and give them a bad name, is not sufficient to prevent those homes going on?—No.

449. Is that, in your view, due to the fact that they are well advertised, or that there is a shortage of homes? If they are not successfully catering for the public and the doctors, how do they maintain their prestige?—I think one of the reasons is the difficulty in the homes to provide at present sufficient domestic service; the homes are very uncomfortable.

450. Do you mean private homes?—Yes, private homes. It is the easiest way for the patient to be nursed to go to a nursing home.

451. There is, therefore, a shortage of nursing homes?—I think there must be judging from our experience of the recent increase. There are many more nursing homes than there were before the War.

452. And that, therefore, it is the shortage rather than anything which allows that badness?—The shortage increases the demand for somewhere for the sick member of the family to be nursed.

Sir *Richard Luce*. It comes to very much the same as the housing question—that we get bad houses because there are not enough.

Mr. *Hurst*.

453. Have you any idea of the number of nursing homes there are in England?—No, I have not.

454. Within 500?—No, I could not make a guess.

455. Have you any notion of the extent of nursing homes without a qualified matron or superintendent of nursing?—May I ask you a question, Sir? What do you call a qualified nurse?

456. Without a registered nurse in charge—first of all, without a highly-trained nurse as matron or superintendent?—I think the majority have someone who is trained.

457. Of course, the Bill of 1925 only provided that the superintendent should be a qualified nurse?—Yes; that really did not go far enough, of course.

458. Have you any actual evidence as to the number of nursing homes, or the extent to which there are nursing homes, where a large proportion of the nurses are quite unqualified?—One could not give you figures unless one had some means of taking statistics.

459. Have you had a large correspondence on those?—We have had a good deal of correspondence from nurses.

460. How many from nurses, quite roughly, dealing with this question of what might be called bogus or badly-conducted nursing homes?—We have not invited correspondence from our members on this matter, because it has been discussed at our annual conference and at our branches for the last two years.

461. Have you been at any of these discussions?—Yes.

462. And have many nurses stood up and told stories of nursing homes?—Yes, and they have pointed out the need of registration. You see, in a public meeting it is rather difficult to mention in your own locality details of homes that you know of; but generally speaking they will mention the need.

463. The point I am trying to make is this: it is so common for an association like the College of Nursing to send out a form of resolution to its branches and to get the resolution passed, and that is held out as representing the views of members of the College all over the country. The point I am asking



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you to address your mind to is: do you think that these resolutions that you have received from your branches represent a real grievance that is felt by nurses all over the country as to the prevalence of bogus nursing homes?—I do, a real grievance.

464. When you told the Chairman that you are going to call evidence, that means that you are going to call nurses who have actually been in badly-conducted homes?—Yes.

465. Have you any idea of the difference in pay; is there a standard pay at all for a trained nurse?—The College of Nursing has a scale which it recognises and which is being adopted, and is adopted in many cases.

466. How much is that per week for a registered nurse?—It depends on the qualification and her position.

467. Take the rank and file; what is the average weekly wage of a registered nurse?—The very minimum when she has first gained her certificate, where all emoluments are provided, £60 per annum.

468. Do you know what sort of wage is paid to an unqualified nurse in a nursing home?—Just the same.

*Sir Richard Luce.*

469. Do you say that they get £60? An unregistered nurse can now get £50?—When she is first qualified from her hospital.

470. She actually is getting £60?—£60, plus her emoluments.

471. In many hospitals the sisters are not getting that?—Oh, yes, they are now.

*Mr. Hurst.*

472. Do you say that a totally unqualified nurse is paid the same reward?—In some homes.

473. If that is so, the proprietor of a nursing home would have no inducement to employ an unqualified nurse, if he could get a qualified nurse for the same money?—I say, in some instances.

474. That must be fairly rare, must it not?—Sometimes they have to get what they can find.

*Chairman.*

475. Is there a shortage of qualified nurses?—There is a shortage of candidates for the profession.

*Mrs. Philipson.*] Because they can get it so easily without.

*Dr. Davies.*

476. May I supplement the Chairman's question. He asked whether there was a shortage of qualified nurses, but he did not ask about candidates. Is there a shortage to-day of highly trained competent nurses?—It is a very difficult question to answer, because at some seasons of the year when there is not very much illness there is a surplus; at other times there is a shortage; so that the nursing profession always has to provide a surplus.

477. I understand that your College of Nursing are in favour registration and inspection, principally for the protection of the public?—Yes.

478. And you probably recognise that many of the private nursing homes to-day are not very well fitted up structurally for the purpose of carrying on as a nursing home. Do you think the fact of having this registration and inspection will make people more careful in the future, simply to start nursing homes in buildings which are adequate and proper?—I do.

479. It would have some effect in that way, and prevent them going into unsuitable houses?—Yes.

480. You are not against assistant nurses being used at the nursing homes, I take it?—It is not ideal; I would have them all trained.

481. But you would not object if there was a shortage of nurses?—Not if there was a shortage. If you cannot get anything else; but generally speaking, one can get qualified nurses.

482. I understand there are a lot of nurses, perhaps not in their first youth, who have been nursing for years, perhaps not with the training that one would expect to-day, but yet doing quite satisfactory work as assistant nurses; you would not do anything to harm those women?—Not for a moment.

483. Should they die off quietly?—Later on I would hope that no home would be accepted for registration which had not a fully qualified staff.

484. What would you do with those assistant nurses?—By that time perhaps they will have left us.

485. That is many years in advance, is it not? What I want to get at is this: I take it your College of Nursing recognises that there is this body of women that cannot be thrown on to the streets?—Certainly.

486. You would not object to a nursing home using those assistant nurses, pro-



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vided they were discouraged as such?—That is why our Bill has only provided for the one in charge to be registered; it is to allow for the moment for those others you mention, but I say it is not ideal. We do not wish it, but it is inevitable for the time.

487. If assistant nurses were being employed in a nursing home with trained nurses, you would not expect the matron to tell the patients so, would you? If the home was being run by one or two trained nurses, and the rest were probationers or assistant nurses, you would not expect the matron to tell the patients' friends that this is not a fully trained nurse? I should expect the matron to be very straight about it, and not to pretend to the patient that the nurse was skilled.

488. I did not ask you that. What I want to put to you is this: if I were coming to your nursing home, and you had just two trained nurses and six untrained, you would tell me: "Yes, this is a nursing home and six of my nurses are untrained, but I have two properly qualified." You would not tell me that of your own free will?—I think the matron should certainly say so.

489. She does not now?—No.

490. But you would make it compulsory?—Yes.

491. That is what I want to get at—that they should state which is qualified and which is not. May I ask what you would consider the minimum training for a nurse?—Three years and to be State registered.

492. At a particular hospital?—Recognised by the General Nursing Council.

493. Would a nurse trained in a fever hospital be a fully trained nurse?—No.

494. You would not accept her?—No.

495. Or a maternity hospital?—No.

496. Or a children's hospital?—No.

497. You would not accept any of those as a fully trained State registered nurse?—No; she must be on the general register of the General Nursing Council.

498. And yet you would not take it as wrong that a girl who had been trained in a fever hospital and had finished with her fever work should be allowed to be taken into a nursing home, provided she did only certain work?—Provided she nursed only fever cases, but you will not find those in the nursing home.

499. In fever training they do get a certain amount of general training. Would you allow a fever trained nurse to nurse an old chronic paralytic?—No.

500. Why not?—She would not have been trained to nurse one.

501. She knows how to wash a patient and prevent bed sores and all the rest of it?—They are very difficult cases to nurse sometimes.

502. You are thinking of catheter work now; they do that sometimes in fever hospitals. You would simply shut those girls out altogether?—From nursing homes for general patients, certainly.

503. Do you think that trained nurses and assistant nurses should get the same salary?—No.

504. You would discriminate?—Yes.

505. Who do you think should be the inspecting authority, the local authority, the county authority, or would you prefer that it came from headquarters in London—the State?—I should prefer headquarters.

506. The State?—The State.

507. You think that would be the ideal?—I think so.

508. And if you could not get the State you would come down to the county borough?—Yes.

509. And you would get down lower still to go to the local authority?—We should hope we would only come down to that. I think it would mitigate against successful inspection.

510. On account of what?—The knowledge the inspector might have of the patients and local gossip.

511. Local knowledge and local jealousies?—Yes.

512. And perhaps local unfairness?—Yes.

513. What amount of inspection do you think would be required in these nursing homes; provided, I take it for granted, that a home has been passed as satisfactory by the inspecting officer, when do you think that home should be inspected again, if at all?—If there was a change of management it should be inspected.

514. And if there was no change of management?—Well, that would have to be left to the discretion of the inspector. The inspector might think it would be necessary to visit the home again at a certain period because of some suggestions she had made, some things that she thought ought to be improved upon.

515. Supposing she found everything was perfect, when should there be an inspection again?—I think there should be a long interval; I do not think the home should be teased by inspectors.



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[Continued.]

516. Your idea really is simply to get good sound nursing homes, and once you know them to say: "We will disturb you as little as possible"?—Yes.

517. You simply want to look after those who are on the border line or under the line?—Yes.

518. Do you think that all nurses in a nursing home should have their nursing certificates with them to produce to the matron as proof that they have been trained?—That is not necessary. The matron would make enquiries before she engaged them.

519. How?—She would know whether she was a State registered nurse, because the register is published.

520. If she is a State registered nurse you can accept her?—She would get references from the last post she held.

521. Have you ever heard of forged references?—Yes.

522. So have I. Have you ever heard of impersonation? I am speaking now from actual knowledge; these are not suggested cases. I know of a case where a nurse turned up at a nursing home and said she was so-and-so; she was an untrained nurse who was impersonating another nurse. There was no certificate enquired for, and it was a very long time before that nurse was found out. So that it does happen. Do you think that it would be advisable that every nurse in going to a place should take her certificate with her; she has one?—I think it might be rather a nuisance.

523. You would not approve of that?—If the matron had any suspicion at all.

524. She cannot have suspicion until after the girl is engaged?—Of course, it might be a safeguard.

525. You would not go further than that?—You mean, would I have it made compulsory that every nurse should carry her certificate with her?

526. Every nurse going to a nursing home to be engaged should on demand produce her certificate to the matron to show that she was a trained nurse and where she was trained?—No; I do not think that would be quite a dignified thing to do. No one has ever asked me for my certificate.

527. At a certain place I went to I had to take my certificate from the General Medical Council to prove that I was the man concerned.—I think it really is a point for the matron herself to decide. I do not think we ought to lay down a hard and fast rule. It is a matter entirely for the matron.

528. You do not think it would be an advantage to the nurse or to the nursing home?—Not necessarily.

529. I simply mention this point, because it was put specifically before me by the matron in charge of a nursing home, and she was very strongly of the opinion that nurses should take their certificates with them, and that they should be produced on demand either to the matron or even to the patients and their friends, and she said it would do more than anything else to stamp out the unqualified nurse or the assistant nurse.

*Chairman.*

530. What is the objection to it; I do not quite see where your lurking objection is?—Well, it is doubting the nurses's word and her references.

*Dr. Davies.]* On the contrary.

*Sir Richard Luce.*

531. I take it she is bound to produce it if she is asked in any case?—Yes.

532. If anything, it is rather a question of whether it is necessary to do it in all cases?—Yes.

*Dr. Davies.*

533. She has probably got it framed in her home and does not carry it about with her. My point is that she should carry it about with her in going to a fresh place?—She has probably lost it.

534. Then what evidence have we that she is trained?—You can always get verification from her training school.

535. How?—By writing to the training school.

536. Exactly.—As we do when nurses apply for membership of the College; we always verify their training at the school.

*Chairman.*

537. Is there anything else you would like to say that we have not asked you about that you think you ought to tell us?—I would like to emphasise as we have done on the first page that the nursing profession attaches a great deal of importance to the inspector being a trained nurse, a registered nurse. I hope that some of the things I have said perhaps may have convinced you how necessary it is. The things that a nurse will look for in her inspection are not the things that a medical man will look for.



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538. You do not suggest that she should be able to inspect the nursing, do you; that is a thing she cannot inspect in an hour's time, or two hours' time; you see you have to go on watching?—She can inspect the provision made for the nursing. She can ask as to the care of the things used by the patient. As an instance—really a nursing question entirely—a nurse would probably ask: “How many pillows have you? You have so many beds; how many pillows have you, and how many of those are for the head, and how many are there for surgical cases to prop up the patient to put under the knees, and are they made in a different way?” How would your nurse know which is which? Is there a possibility that a pillow which had been used to prop a patient up perhaps who had a wound discharging might be used for the head. These are the sort of questions that a nurse would ask; so that when you say to me: “You could not inspect direct nursing” my answer is that it is possible. That is a nursing point entirely which a doctor would not think of, naturally; it is not his business. Then what happens to the soiled linen? We know cases where the soiled linen is taken to the kitchen where the food is being prepared, and sorted, and sent from there to the laundry. What provision do you make in your home for the care of soiled linen? We should ask to see where it was collected. Then with regard to the cleaning of the utensils we should look into some of the ideal feeders and cups that are used for patients to see whether they were properly cleaned as a domestic would not clean them; we should want to know that they were cleaned as a nurse would clean them. Then as to bathing a patient in bed, we should want to know what provision they had for that; had they provided bathing blankets; what did they use? A nurse would find out in 10 minutes what was being used, and whether the patient was being properly nursed; whether the nurse was assisting nature to heal. Then, of course, the care of the food is most important; where it is kept, the position of the larder. Is it anywhere near the soiled linen? What provisions were there for washing up. I have not mentioned the domestic staff. The domestic staff should be very healthy, and especially the cook preparing the food for the patients. We should want to know

how it was served, and who served it; did the nurse take it to the patient, or did a domestic take it to the patient. We should want to know how the reports were given by nurses, the night nurse to the day nurse. Were they verbal, or were they written reports? How were the medicines given? Where were the poisons kept.

Sir Richard Luce.

539. That is going into the whole of the treatment of the patient?—This is not treatment; this is nursing. Who is in charge of the medicine cupboard? When the doctor orders a certain dose how do you know that that dose has been given; is it written down? If hypodermic injection is ordered how do you know that the right amount was given; if it was verbally passed on from one nurse to the other: “The doctor says give so-and-so,” or is it properly measured and checked and witnessed and written down?

540. Supposing these things are not satisfactory, what do you propose to do; are you going to withdraw registration because these things are not satisfactory?—We should ask for improvement.

Mr. Hurst.

541. But you must not put it too high. If you put it very high it means there is friction between yourself and the doctor running the home. I am generally in sympathy with this, but at the same time if you put it very high I can understand the doctor being absolutely wild if he finds that the process of his treatment is scrutinised and cross-examined by a chance visitor. I am only suggesting that in your own statement I think if you put it as high as that you are really asking for trouble; do you not think so?—Excuse me, I am not speaking of the treatment. I am not discussing the dose that the doctor has ordered. I am just asking if it is being carried out efficiently as the doctor has ordered. Does the matron in charge know that it is being carried out as the doctor ordered, and how does she know?

542. There might be a hundred patients in the home, I suppose?—But this is what we are taught in our training school. This is done in a hospital.



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[Continued.]

I am asking no more than what is done in our training schools, the hospitals. It is protection for the doctor. He does not know. The matron in charge of the home is responsible for carrying out the doctor's orders, and we say to her: "What method have you of knowing that that was carried out?" One hears of wrong doses being given. This is not a doctor's question.

Sir Richard Luce.

543. I think if carried out to that extent you are going to upset the whole of the staff of every nursing home. If you have inspection by an outsider you are going to upset entirely every matron of every nursing home?—Not one trained nurse to another; it comes naturally.

Dr. Davies.

544. The whole point is, get properly trained nurses and you will have no trouble. Those things are done automatically, and they do not want inspecting?—That is so.

Mr. Hurst.

545. I think that is the real object of the inspection; it is to see that you have qualified trained nurses; I would not go behind that?—We should know that these things were done if they were qualified women.

546. If you heard that there was a home with a highly-trained matron in charge and all qualified nurses under her, you would not then insist on asking each nurse if the teacups were properly cleaned?—No, certainly not.

(Mrs. Philipson.) But it has been suggested that they may take in assistants who are not highly qualified.

Dr. Davies.] As long as you have a good matron and a good competent staff, she will see that the other things are right.

(Mrs. Philipson.) Surely it is in the public interest and for the health of the nation generally that there should be proper nurses and proper accommodation.

(Mr. Hurst.) I agree, yes.

Chairman.

547. If you get the proper nurses all this will follow—But we are assuming that they are not all proper nurses.

548. As I say, before you get to that stage which you admit is ideal you have to eliminate the bad ones?—Yes.

549. I do not say the bad nurses, but the bad cases of nursing homes?—Yes.

550. You will be here another day in case we want to ask you any more questions, I daresay?—Yes.

(The Witness withdrew.)

(Adjourned.)



*Thursday, 15th April, 1926.*

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PRESENT :

Sir Cyril Cobb.  
 Captain Ernest Evans.  
 Mr. Haslam.  
 Mr. Hurst.

General Sir Richard Luce.  
 Major Price.  
 Mr. Cecil Wilson.

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SIR CYRIL COBB IN THE CHAIR.

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MR. CHARLES WILLIAM JOHN TENNANT, called and examined.

*Chairman.*

551. You are the representative of the Christian Science Board of Directors, are you not?—Yes, in this country.

552. How large an organisation is it in this country?—The whole Christian Science Organisation?

553. Yes. What are the numbers; have you any idea?—We have something like 158 churches and societies; I have not the exact figures.

554. What would that cover about in adherents?—I would not like to say how many thousands; I do not know exactly what the number is. We do not number them really.

555. I just wanted to know how far you represented a large body. You do not carry on any definite nursing work, I understand?—Oh yes.

556. You do nurse?—Yes, the manual form of nursing.

557. You do nothing in the nature of medical treatment?—No, not medical treatment.

558. But you do nursing?—Yes.

559. Have you any nursing homes?—In Boston, of course, we have the big sanatorium.

560. That we have a picture of here?—Yes. We have individuals in this country who take patients and have nurses nursing those patients—private individuals, Christian Scientists, giving the Christian Science treatment with Christian Science nurses.

561. What kind of cases are these?—Well, of course, we do not take infectious cases; we are not allowed to do that; but we take all sorts of other cases.

562. Mental cases?—Not mental cases—not in these homes.

563. Nerve cases?—Nerve cases and all kinds of sickness; moral cases.

564. But you do not take surgical cases, broken limbs, or anything of that kind, I take it?—No. In the case of surgery we call in a Doctor to set the limb.

565. First of all, how many of these homes or places where patients are taken do you think you have got in the country?—Well, I know of three.

566. Three in London?—Yes.

567. Any outside London?—There may be some that I do not know of yet.

568. You would not necessarily know at Headquarters?—Oh yes.

569. You ought to know?—I ought to know, yes.

570. I just wanted to know whether they had been reported to you, or whether anybody who thought they had a gift of spiritual healing could necessarily, because they thought so, take people into their house?—Not unless they were Christian Scientists. If they were Christian Scientists we would get to know if they did take people into their houses, and they would come under the control of the Christian Science Church.

571. Any Christian Scientist so recognised by you could take a patient or patients?—Yes; we wish to have that. Of course, there are very few that do. I have a statement which I would like to read to you.

572. Certainly.—“I have been given to understand that the evidence the Committee would like to hear from me is as to how registration and consequent inspection would be likely to affect homes



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MR. CHARLES WILLIAM JOHN TENNANT.

[Continued.]

conducted by the Church of Christ, Scientist, or its members. I understand that the desire of the promoters of the Nursing Homes (Registration) Bill is to have established a system of registration as defined in the first Section. The Committee will agree that the wording of the Section is very inclusive and far-reaching.

“In the practice of Christian Science there is nothing secret, nor are there any facts which we have to conceal, but the great objection which we would have to a system of registration would be the consequent inspection involving supervision and control by a body of persons who do not understand the practice of Christian Science, nor the basis upon which these homes are conducted by Christian Scientists. It is this lack of knowledge and understanding of our methods which arouses suspicion and causes distrust, and we maintain that there is no reason why we should be subject to the prejudice and opposition arising therefrom. We have therefore a very strong objection to anything that involves inspection or visits paid with a view to criticising or supervising or controlling our methods.

“Turning specifically to the Bill as presented to the House of Commons, I would draw the attention of the Committee to Clause 3 (III.) (c), which enacts that the matron or other person in charge must be a State registered nurse. From our point of view that would be an impossible situation.

“Again, Clause 5 enacts that the Minister of Health shall make regulations (a) prescribing the forms of registers to be kept under the Act and the particulars to be mentioned therein with respect to the patients received into the home. This presumably would mean the keeping of medical history sheets, which again would be quite impossible from our point of view and foreign to our methods.

“Further, Clause 8 enacts that the medical officer of health of the registration authority, or other person, being either a qualified medical practitioner or State registered nurse, may at all reasonable times enter and inspect any nursing home, and the entries in the records. This also could not apply to our methods.

“In considering this question the Committee will understand that there is a very great difference between homes to which Christian Scientists resort for rest

and quiet, and nursing homes maintained by the medical profession, and unqualified persons who practice nursing or the care of the sick by material methods.

“Again, there is a great difference between the practice of Christian Science and medical treatment. Christian Science is a religion, and the healing of sin and physical disease results from the practice of that religion.

“In Clause 13 of the Bill there are mentioned three kinds of hospitals or institutions which are to be excepted from the provisions of the Act, and my contention is, in the first place, that the sanatorium of The Christian Science Benevolent Association, which will in course of time be established in this country, should also be excepted. In this connection, I would propose for the consideration of this Committee a sub-section to Clause 13, in the following terms:—

‘13.—(iv) any home or institution maintained under the auspices of the church or denomination called Church of Christ, Scientist, and maintained exclusively for the reception and care of persons depending upon the practice of the religion called Christian Science.’

“From the report of the evidence given before your Committee, I see that it is the contention of the British Medical Association that nursing homes maintained by doctors should not require to be registered under the Act, largely because the profession is subject to the General Medical Council, and there is no need for further inspection or control.

“If the registration in view raises the objection from the medical profession on the score of unnecessary control, then I also further contend that homes maintained by Christian Science practitioners should be excepted from the provisions of the Act, since they are under the discipline of the Church of Christ, Scientist. In this event, the proposed sub-section should read:—

‘13.—(iv) any home or institution maintained by members of the church or denomination called Church of Christ, Scientist, and maintained exclusively for the reception and care of persons depending upon the practice of the religion called Christian Science.’



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[Continued.]

"I do not know whether there is any demand or necessity for this registration, but my view is that, if your Committee recommend that a system of registration should be put into operation, the position of members of the Church of Christ, Scientist, should be considered and protected.

"The organisation of the Church of Christ, Scientist, is one of the simplest and most benevolent, but, at the same time, it constitutes a very efficacious form of government, and your Committee can rest assured that all matters connected with the practice of Christian Science are of vital importance to the Church of Christ, Scientist, and will be cared for by those in authority."

573. You say in the last sentence there, "should be considered and protected." What precisely do you mean by that? I rather want to get at what your views are with regard to registration?—To be exempt from this inspection.

574. You mean that they should be exempt?—Yes, from medical inspection.

575. You realise too, do you not, that if we have registration we must have some conditions for registration which are laid down?—Yes.

576. Those conditions would not probably be conditions which your Christian Scientist people would fulfil?—Well, it would depend what the conditions are, of course.

577. Supposing we insist that there must be a qualified nurse, in our sense of qualification, on the premises running the home, would that be against your views?—That would be against our views, yes. We should have our fully qualified Christian Science nurse, of course.

578. From your point of view, yes, but that would not be a qualified nurse from the ordinary point of view?—From the medical point of view?

579. From the point of view from which we should understand qualification?—That is so.

580. Therefore, I take it, your general view would be that you do not take yourself any particular line on the subject of registration, but if registration does happen in the case of nursing homes in future you want to be excepted?—Yes.

581. That is your line of country?—Yes.

582. That is quite a simple line of country?—Yes.

Sir Richard Luce.

583. You say that there are three homes as far as you know at the present time; does that include the ones which you were calling boarding houses?—No. There are practitioners who have patients living in their houses.

584. At the present time you have not any very complete knowledge of what ones there are and what there are not; you know of three but there may be more?—I am almost certain that there are only these three, but I can easily find out from the Movement.

585. At the present time you have no central control over them?—Yes, I would have.

586. You have not now, I mean. At the present moment you do not even know how many there are for certain?—Yes, practically we do know for certain those are the only three; there are none other in England and none in Scotland.

587. How many of those are what you term a boarding house?—They are not boarding houses.

588. But in your report you say: "There are also several boarding houses in England kept by members of the Mother Church, where people may find an environment somewhat similar, so far as conditions permit, to that provided by the Sanatorium near Boston."?—Those are like ordinary boarding houses where people go to stay and live. If they were to have Christian Science treatment they would call in a practitioner from outside. They are not being treated by a practitioner in the house or anyone of the sort.

589. Do they go there specially to be treated; that is the point?—No. There are many Christian Scientists having boarding houses.

590. Would such a place come under the definition, as far as you can see, of the Act?—Well, those places would come under the ordinary boarding house, where people go and live and stay for weeks at a time.

Sir Richard Luce.] So they would not, as far as you know, come under the Act.

Chairman.

591. I must point this out to you: you do put this in section 17 rather in connection with what we should call a nursing home. The whole of section 17 deals with that point. If you look at section 17 from the beginning, you will see that really



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[Continued.]

gives one to understand that these boarding houses are in the nature of a kind of nursing home?—I put that in because of section 13. Section 13 in the Bill says: "For persons suffering from any sickness, injury or infirmity for the purpose of provision of such persons of nursing and medicine or food." It is all inclusive there. An ordinary boarding house would have to be registered according to that.

*Sir Richard Luce.*

592. With regard to the class of cases which you would take into such a home as is mentioned at Boston, would you take in surgical cases there?—Well, there might be a case of abscess; that type of thing might be taken there—ulcers or abscesses.

593. You speak about your own nurses. There are a certain number of them who are registered nurses, are there?—Originally we had 40 who were regular nurses; they have trained our Christian Science nurses.

594. I am speaking about State registration. You speak of having a certain number of trained nurses; are any of those State registered nurses?—No.

595. You have no State registered nurses who are members of your community?—No.

596. You do admit that there is a possibility of training in nursing?—Yes. We have a certain number of nurses there that train our Christian Science nurses in the manual of looking after a sick person.

597. What length of training do they have?—Three years.

598. And at the end of that they are registered?—They are registered.

599. You have something like 40 of them, you say, at the present time?—We have 40 training nurses, and then we have a great many that have been trained. We have 40 original training nurses for training those that are coming on now. I do not know the exact number that are being trained.

600. Where do they get training and what class of training do they get?—They get training in the Sanatorium in Boston.

601. I am speaking about England?—We have no training nurses in England now. Our English nurses go out to Boston and are trained there.

602. Have you in England at the present time any nurses that have been trained in Boston?—Yes.

603. How many?—I should think we have about 10 nurses over here that have been trained in Boston.

604. According to your tenets it would be to the advantage of any institution that you had to have at any rate nurses trained after your method?—Yes, certainly.

605. How would you ensure that that was going to take place, and that you were not having homes started which were not being run by properly trained nurses of your own class? Would you not recognise that it was right to have an institution of yours inspected by somebody to ensure that your own people were being treated by people who were sufficiently trained according to your own ideas?—Well, any sanatorium that would be arranged in this country would be run on the same lines and under a Board of Trustees as it is in Boston and the nurses would be regulated from there.

606. But who is going to do the inspection; that is the point?—We would do that here ourselves.

607. You do actually now inspect such nursing homes as you have?—Well, I have not inspected the nursing homes here, although I do know the nursing homes; I have been there and I know who the nurses are, but I have not taken up any inspection in view of this.

608. In all three that you know of they have trained nurses in each district?—Yes.

609. Trained according to your methods?—Yes, according to Christian Science methods.

610. They have all been to Boston?—Yes.

611. What is your objection to having a State inspection according to your own methods? Why do you object to having, say, an inspection on nursing lines? After all, you are only dealing with a certain class of cases, I take it?—Yes.

612. And those cases do not require, perhaps, such full nursing as other cases do; would you admit that?—We do not have what I would term any medical nursing. We have all the nursing that is right for a person in a sick bed—I mean a sick person.

613. Take, for instance, such a case as a sick person who requires to have a



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[Continued.]

catheter passed every day; would they be trained in that?—I do not know. Of course, Christian Science treatment is so different from medical treatment.

614. A person either can pass water or cannot pass water; supposing a person cannot pass water?—Our treatment alleviates that, you see.

615. It enables them to pass it?—Oh yes, absolutely.

616. Even if there is a complete obstruction?—Absolutely; it can be removed.

617. So you would never train a nurse to pass a catheter, for instance?—Well, no; that is medical training.

618. That would never be admitted as part of your treatment?—No; that is not a Christian Science treatment, you see. We rely solely on Christian Science treatment.

619. You would not call it a part of nursing to be able to do that?—No, not in the training that they would get in the sanatorium in Boston.

620. In the care of semi-mental cases or advanced nerve cases, do you admit that there is any need for special training for the nurse, or is it your business simply to feed, and, I suppose, wash the patient; you admit that they would wash their patients?—Of course, a Christian Scientist practitioner or a Christian Science nurse is an expert in the treatment of mental conditions.

621. I am speaking now of the physical conditions, such as the actual nursing of a sick patient or the nursing of a helpless patient, we will say?—That would be done by a Christian Science nurse, of course.

622. They would do the washing?—Yes, certainly.

623. And the feeding?—Yes, absolutely.

624. In the case of one who is mentally feeble and so on, would you admit that there was anything to be obtained in the way of knowledge in the diagnosis of such a case and so on from the point of view of the nurse?—Well, the nurse is a Christian Scientist.

625. She must be, therefore, able to treat?—She must be a Christian Scientist.

626. She must be a professor?—Of course, she knows how to treat, but there is a practitioner in the case. The practitioner is the one that is treating the case.

627. As well as the nurse?—Oh yes. The nurse is doing the actual nursing of the case.

628. Suppose in a home of this kind you had an outbreak of infectious disease; do you admit that there might be such an outbreak of an infectious disease?—Yes—well, a doctor would be called in at once on the slightest suspicion.

629. Who would decide that it was an infectious disease to start with?—The doctor would have to decide.

630. Supposing the doctor had not seen the case, how would you know it was an infectious disease?—The nurses that have had training in that sort of thing would know pretty well if there is a suspicion of that sort, and would call in a doctor at once.

631. But they have had no experience of infectious cases, because they do not have them in the home?—We do not take in infectious cases, but we call in a doctor if anything suspicious of that sort should break out.

632. But they could never have had any experience of it in their training. Supposing you had an outbreak of measles, for instance; is there anybody there who has ever seen a case of measles in their training?—Well, common sense would tell you.

633. Whether a person has got measles or not is not quite a question of common sense. You would not admit that it was necessary to have any training in the diagnosis of ordinary diseases, or to have such a person in charge of a large body of people who were under treatment?—We do not diagnose disease, you see.

634. Who is going to do the diagnosis in an institution where you may have an outbreak?—Well, that is done by a doctor. If there is anything suspicious whatever, there is a doctor called in.

635. Is he then enabled to deal with the question of the whole body of the people who are there at that time?—He would have to. We have never had a case yet of any infectious disease breaking out.

636. You are very lucky?—It would be supposition if I told you anything.

*Chairman.*

637. They must have had something at Boston with all that organisation?—They have never had a case of infectious disease breaking out.

*Sir Richard Luce.*] I am afraid it means that they have not spotted it then.



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[Continued.]

Captain *Ernest Evans*.

638. Can you tell us, is there anything in the nature of State registration of nurses in Boston?—No, I do not think so.

639. Or municipal registration of nurses?—There is registration of nurses, but not the Christian Science nurses.

640. Are your nurses eligible for inclusion in that register?—No, our trained nurses would not be.

641. You speak somewhere about the difference between nurses who go under a three years' course and what are called graduate nurses; who are the graduate nurses; are they graduates of your Church?—No. The original nurses were certified nurses under the State. They had gone through the hospitals and taken whatever diploma there was. They were originally set to teach the manual of nursing in the sanatorium.

642. Is there anything in the nature of registration of nursing homes in the State?—In America?

643. Yes?—No.

644. Or inspection by public authority?—No.

Mr. *Haslam*.

645. Would you then consider that the nursing homes that you have and which might be established could be held to be under the inspection of the body of Christian Scientists?—Certainly, under the body of the Christian Science Church.

646. But you desire them to be exempt from State regulation?—Well, medical inspection—exempt from inspection by a medical man who does not understand our methods.

647. But you do not put forward any desire for inspection?—No.

648. Do you agree that there may be a necessity for inspection of nursing homes generally?—I should not say so; no, I do not think there is.

649. You have no evidence yourself as a body in favour of inspection?—No.

650. You have no evidence that there are abuses in nursing homes?—No, none at all.

651. Have you any evidence that people might start a Christian Science nursing home which would be a bogus one and not a nursing home at all?—We have not had such a thing, and I do not see how it could form myself.

652. You think you would have them sufficiently under control?—Oh, absolutely; we would know that at once.

Mr. *Cecil Wilson*.

653. I understand that your objection is rather to anything in the direction of inspection of your methods of treatment. Does the objection also apply to questions of inspection of sanitation, and so forth?—Oh no. We would be quite willing to have that inspection, thoroughly.

654. Then it is only a question just of the method?—Of the method of treatment of Christian Science.

655. Supposing that we were to come to the conclusion that inspection was necessary, how are we to be able to differentiate between your case and the case of any other body who also have their particular methods, and so forth?—Whether or not a person is a member of the Church of Christ, Scientist, is known to me. If the Committee cannot see their way to recommend exemption I have proposed an amendment to Section 3, sub-section (3) of the Nursing Homes (Registration) Bill, 1925: "Nothing in this Act shall entitle the registration authority to refuse to register or to cancel the registration of (a) any home carried on or proposed to be carried on by members of the Church or denomination called Church of Christ, Scientist, and maintained exclusively for the reception and care of persons depending upon the practice of the religion called Christian Science, or (b) the person carrying on or proposing to carry on any such home solely on the ground that medical or surgical aid is not provided or proposed to be provided in such home, or that the matron or other person, having the management and control of the nursing of the patients in such home is not a State registered nurse on the general part of the register or a person eligible to be registered on the general part of the register."

656. So that would exclude all registration and inspection?—It would not exclude sanitation inspection, would it?

Mr. *Hurst*.

657. How long have these three London homes been in existence?—I know one has been in existence for about six years, I should think.

658. You say, you take upon yourselves the duty of inspecting these nursing homes?—Well, that would be decided by the Board of Directors in Boston.

659. Have the Board of Directors in Boston ever inspected any of these London



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[Continued.]

homes during the course of the six years?—No; they have not been under inspection from them you see.

660. Have they been under inspection by anybody?—There has not been a need for inspection. I know the homes; I have been to them; and I know how they have been carried on.

661. Have they never been inspected by any competent inspector as yet?—Well, I would consider I was a competent inspector from a Christian Science point of view.

662. Have you any medical qualifications?—No; we do not claim them.

663. Any nursing qualifications?—No, but I have from the Christian Science point of view qualifications.

664. So far as you know, has any doctor ever been in any of these homes in six years?—Yes.

665. How often?—I could not tell you how often; I know they have attended there.

666. When there have been contagious diseases or on other occasions?—Yes. There was a case of tuberculosis.

667. That is relatively rare?—Yes.

668. And normally it is inspected by nobody and visited by no doctor except in exceptional circumstances?—Of course, it is visited by the Christian Science practitioner.

669. Do these London homes describe themselves as nursing homes?—No.

670. I think you said at the beginning of your evidence that there were no cases in the country, you thought, where individual Christian Scientists take in mental cases and other cases?—They are outside of London; one is near Richmond.

671. You said, I think, speaking for your Board of Directors, that you get to know of any such?—Yes.

672. Are Christian Science individuals under any obligation to let the Board of Directors know when they take in patients?—They are not under any obligation, but we do get to know that at once.

673. How would you get to know?—Generally they would advertise, you see. They would have a card that they are willing to take patients into their houses. I get to know that at once. The card is generally sent to the headquarters.

674. How do they describe their homes?—Well, they just say that they are willing to take patients into their houses.

675. Do they describe themselves as Christian Scientists?—They are Christian Scientists.

676. Have you got any of those advertisements?—Not here, no.

677. Are they always described as Christian Science homes?—They are chiefly advertised in the "Christian Science Monitor," the daily paper.

678. They do not advertise in non-religious papers?—No; only in our own literature.

679. Your greatest objection to inspection is that you object to any criticism of your methods apparently; I think that is what you said?—Yes, by a person who does not understand what the method is.

680. So far as you know, you have no nurse who is qualified to be on the General Nursing Register?—We have nurses who have gone through all qualifications in the hospitals.

681. You have some?—Oh yes; but they are now Christian Scientists, and they do Christian Science treatment.

682. Am I right in saying that the great majority of your nurses have had no such training?—I should not say the great majority of them; I should say the majority. A great many ordinary nurses come into Christian Science; then they want to take up Christian Science nursing. A great many of our nurses have been qualified.

683. And the normal course is to call in no doctor unless one of those nurses considers that there is some suspicion of contagious disease?—Of course, we would call in a doctor then at once.

684. Unless a nurse acquires such a suspicion the doctor is not normally called in?—No; the practitioner handles the case in Christian Science.

685. The practitioner is simply a man, as you describe him, grounded in the teachings of Christian Science?—Yes.

Sir Richard Luce.

686. You say that your nurses originally were trained by nurses who had been trained in hospitals?—Yes.

687. If that is so, their training is practically the same as the hospital nurses?—In all matters of how to handle a sick person, but not medically. The taking of temperature and that sort of thing is not done.

688. It is simply because you do not think that is necessary, but at the same



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[Continued.]

time there would be no objection. If that training is originally derived from other training, why do you object to there being inspection by people who have trained the others?—Of course, the training that they get after they have come to the sanatorium in Boston is not the same as a medical training in a hospital. They are not trained to think the same way. They must be Christian Scientists, to begin with, and they are not trained in the same medical way as a nurse in a hospital; but they are trained to handle a sick person perfectly.

Mr. Cecil Wilson.

689. Does your Board, either here or in Boston, exercise any control at all with regard to fees?—Nurses' fees?

690. The fees which are charged to patients?—Well, our manual states that. Mrs. Eddy has made a statement that fees should be the same as a reputable doctor in that district; we cannot go beyond that.

691. You mean, the fees in your homes are much the same as would be charged by an ordinary doctor who had a nursing home of his own?—Yes, the fees in the nursing home. The nurse has to be paid; the home has got to be paid; the practitioner has got to be paid.

692. Does the Board exercise any control over that, or simply leave it to the individual home?—No; there is a control. For instance, a special nurse would never get more than 35 dollars a week.

693. I am not speaking of the nurses' pay. I am rather speaking of what the patients pay. Do you exercise any control over what the patients are called upon to pay?—We are told to make our charges the same as that of a reputable doctor in the district.

Chairman.

694. Yes, but these people take in a patient at their house?—Yes.

695. That means board and lodging, medical treatment, nursing, and all the rest of it. Do you exercise any control over what that patient is charged for the whole thing together?—Yes. We would certainly know if there was an exorbitant price paid, or anything of that sort; that would be known at once.

Mr. Hurst.

696. How would it be known?—It would be known by the practitioner, to begin with.

697. He is the man who charges it, is he not?—No. He is coming in from outside. The nursing home is quite a different fee. The board and lodging is quite a different fee.

698. Well, it may be.—The practitioner is paid just as a doctor would be paid.

699. I rather imagined that you were talking of homes where the practitioner took in cases?—Well, a practitioner charges his practice fee, and he charges his home fee.

700. And that is uncontrolled?—Well, if it was anything very exorbitant he would be spoken to at once.

701. Do you ever ask what fees are being charged?—I know what fees are being taken, and they are not exorbitant.

702. Do you make it your duty to ask that?—Yes; I know them all.

Mr. Cecil Wilson.

703. What is the minimum for any of these homes which you speak of?—A lot are taken in free, you see. We do a lot of free treatment. A lot of patients are taken for nothing at all. People who cannot afford to pay would not be charged, you see. There is a great deal of voluntary and benevolent work.

Sir Richard Luce.

704. Have you anything in the nature of a voluntary hospital which is entirely devoted to free work?—The sanatorium takes a certain percentage—25 per cent. voluntary.

705. That is in America, but in England there is nothing?—It would be the same in England if we had a sanatorium here.

Mr. Haslam.

706. Do Christian Science nursing homes take in patients who are not Christian Scientists?—Yes, if they desire to have nothing but Christian Science treatment.



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[Continued.]

707. Every patient coming in would be fully informed that the home was a Christian Science home?—Certainly.

708. There could be no mistake?—And that they wished to rely solely on Christian Science treatment.

709. That would be the condition?—Yes; there is no other treatment given.

710. And it is quite clear always to any person coming in that that is the state of things?—Perfectly clear, yes.

*Chairman.*

711. Is there anything else you would like to add?—I think it is all in my statement.

712. Do you want to leave us a copy of the Bill with your suggestions for the amendment; it might be useful for us?—Yes, I can do that. (*Document handed to Chairman.*)

*Chairman.*] We are much obliged to you for your evidence.

(*The Witness withdrew.*)

(*Adjourned to Tuesday, the 20th inst., at 5 o'clock.*)

*Tuesday, 20th April, 1926.*

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Mr. Haslam.  
General Sir Richard Luce.

Major Price.  
Dr. Shiels.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

The Rev. S. K. ANDERSON and Miss CARDROSS-GRANT; called and examined.

*Chairman.*

713. Mr. Anderson, you are the Vicar of St. Barnabas, Epsom, I see by my paper?—(Rev. S. K. Anderson.) Yes.

714. Formerly you were Curate-in-charge of St. Matthew's Church, Wimbledon, and I think your experience of nursing homes is in connection with Wimbledon, is it not?—Quite right.

715. I suppose you visited the patients in the nursing homes?—Yes.

716. Was there only one nursing home there, or more than one?—Two.

717. You visited two?—Yes. I was in two regularly and others irregularly.

718. For how many years were you doing that?—Seven years.

719. You have had considerable experience then of what goes on in a nursing home?—I have.

720. I think it would be rather better if you would just tell us what was your general impression of the two nursing

homes in Wimbledon that you had intimate knowledge of?—How shall I start?

721. What we really want to know is, what were the conditions in regard to the qualifications of the matron who ran the home and of the doctors who attended it, and of the nurses who looked after the patients, and so on; what you thought of the feeding, and whether you thought they were getting their moneysworth and getting proper attention for the money which they paid for their keep and nursing?—Well, these particular homes that I went in housed anything between 15 and 20 people, from what I can remember, and they were crowded in, about 4 in quite a small room. I do not know the dimensions of the room, but there were about 4 beds, one in each corner of the room. The general conditions were filthy. The rooms were never cleaned as far as I could see. Underneath the beds was filthy.



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[Continued.]

722. Did they keep a staff of servants of any kind?—Yes. I think they had one whom they called a servant, but she was a servant and a nurse intermittently, from what I can remember of this particular one. The staff was really the matron and her husband, and one regular assistant nurse.

723. One nurse do you say?—One nurse, this maid of all work, that looked after these 15 or 20 people.

724. Do you mean to say when there were 20 patients there was only one nurse in attendance?—Plus the matron and the man who used to do a certain amount of work.

725. What type of patients had they? What had they the matter with them? Were they senile people or what?—Most of them were elderly people, yes, and the majority of them bedridden.

726. They were there for the rest of their lives?—Yes.

727. And they did stay there for the rest of their lives?—They did, yes.

728. How about the feeding and so on; was there anything to be said about that?—I was not there always at meal-times, but the patients very often left some of their meals for me to see. They brought all their complaints to me because I was there every fortnight the whole time I was there almost. They used to show me the kind of food which they had to eat—quite unsuitable for old people without any teeth—and the majority of them had not any teeth—very badly cooked, and served up in a very dirty way.

729. Do you think they were treated kindly on the whole, or not?—I do not think they were; at least I am certain they were not.

730. Do you know at all what they charged them?—They paid anything between 15s. and 25s. a week.

731. That was a very cheap type of nursing home?—Very; that is why they flourished to such an extent.

732. Can you tell us any special incidents which came to your notice during your visits?—They were full of complaints as to the way they were treated, but they were very anxious for me not to take any kind of action or flourish any complaint because the result would have been that of course they would have been turned out and been homeless.

733. Did you see for yourself any special incident that struck you as being

quite wrong and undesirable and so forth?—No. There was no kind of assault or anything of the kind that I saw was the result of assault; it was purely neglect. There were occasions when the patients died and the bodies were left in the room for quite a long period; perhaps they might leave them there for half a day.

734. With the other patients?—Yes. Then the bodies were taken out and put in a tool-house which they used as a mortuary.

735. You have seen that done? This is not only what they told you? Oh I have seen that, yes. The neglect was more serious because these particular matrons who had charge of these homes were frequently under the influence of drink.

736. The matron was fairly agreeable to you, was she?—Yes.

737. She wanted to keep on the right side of you I suppose?—Yes, and in a way I wanted to keep on the right side of her because she could very easily of course have shut me out altogether. I had no jurisdiction in the home at all. It was the conversation of the people; they never spoke of her as ill-treating them in any way beyond neglecting.

738. Miss Grant, you were associated with the same nursing home, were you not?—(Miss Cardross-Grant.) Yes.

739. What was your function there; you were a parish visitor?—Yes. I used to help my brother-in-law.

740. What was your experience; was it similar to that of Mr. Anderson?—Yes, it was.

741. Do you think you have more definite evidence to give us of things which you actually saw, rather than what you heard?—From a nursing point of view I used to see more.

742. Can you tell us anything special?—I have seen some of the bed sores and I sent in stuff and tried to heal them myself; and I have seen the dirt on the bedclothes and also the actual filth.

743. Vermin?—Yes. I have destroyed several, not only on patients in bed, but also on the walls.

744. And you discovered I suppose that they were never washed, or very seldom?—Very seldom.

745. How long were you connected with this particular place?—About 4 years on and off, going in and out.

746. Have you any experience of other nursing homes?—No, not really.



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[Continued.]

747. None of what would be called a superior type?—Only from just going in to see friends in nursing homes.

748. Did you ever go into the downstairs part, the kitchen, of this particular one?—Yes.

749. What did you find there?—The food was all lying about the table, and everything was all mixed up together, the cat and everything else playing round, and the menage always used to sleep in the kitchen. You had to go through the kitchen into the mortuary.

750. Where did the owner live—the man or woman who ran it?—They frequently slept in the kitchen. When they used to take enough patients in, they used to sleep there.

751. What were the sanitary arrangements like?—There was one accommodation for all the invalids.

752. I suppose the great majority of them were bedridden, were they not?—Yes, a lot of them were.

753. Is there anything special you would like to say? Is there any special incident? That is what we rather want to get from you, because you have had personal experience?—I would like to mention one old woman who was not senile enough not to take in what was being done to her. She was of course incontinent and old, and to save trouble with her at night, she was put into the bath and left there for the whole night, and the day really. She was brought out when her people came and put on a bed but during the night she was left there to save trouble.

754. Was it very badly equipped in the way of linen?—I suppose it was.

755. Did you see whether they had a linen cupboard, or any place where they store linen of any kind?—No, I never saw anything. Bed linen, the sheets were left on for weeks together.

756. You are quite clear about that; you are quite sure?—I am quite sure of that. (Rev. S. K. Anderson.) Of course, the smell in this place really made one feel perfectly sick as one went in.

757. Was it always full?—No.

758. What kind of people sent their relations there?—I think a certain number who wanted to get rid of them, and did not want the stigma, as they considered it, of the infirmary, and who rather liked it to be said that their relations were in a nursing home. I have seen them simply shut out of the door

and left there. I have been in and found them just arrived and broken-hearted, not told that they were being left there, but left there and neglected, their people never coming near them again—simply turning them out.

Dr. Shiels.

759. Was there any doctor in the habit of going into that home?—Yes, there was.

760. Just one, or more than one?—I think one, as far as I can remember had the monopoly.

761. Practically only one doctor went in and out?—Yes; they discouraged any other coming in.

762. Was he engaged by the patients or by the proprietor of the home?—If they asked for a doctor, the management saw that they had this particular one.

763. Have you never heard of any effort on his part to remedy this condition?—None whatever.

764. You do not know of any protest or anything that he made?—No, not that I know of. I know that a good many protests were made on the other side, but none that he made in favour of the better management of the place. I went once to the Sanitary Inspector; I interviewed him and asked him to send in, and he did go in, but, as I understood from him, he had to get a warrant to enable him to go in to protect him, I gathered, from any difficulty arising from the other doctor being a regular visitor.

765. But he did go in?—He went in, yes.

766. You never heard the result?—Yes, I did. He had the place white-washed in two or three places, and I think he gave instructions, from what I can remember, that there should be another lavatory; whether that was fixed or not I do not know.

767. Then, Miss Cardross-Grant, with regard to this patient with erysipelas that you refer to, was there no medical attendant at all?—(Miss Cardross-Grant.) Not, I think, until there was one sent in because of the other patients; then he came in and said it was not a notifiable disease.

768. Was it the same man?—The same man.

769. The matron was frequently under the influence of drink?—Yes.

770. Was she a qualified nurse?—No.



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771. Had she no qualifications at all?  
—Not that I am aware of.

772. And her husband stayed in the house with her, did he?—Yes.

773. Did he help?—He used to help with the patients at night sometimes, and they would sleep in the same room with the patients—both of them.

774. And he had no qualifications either?—No. He was also addicted to drink

*Chairman.*

775. Had the other nurse any qualification?—No.

776. None at all?—No.

*Major Price.*

777. What was about the rental value of these nursing homes?—(Rev. S. K. Anderson.) It is rather difficult to say, but I should think about £40 a year.

778. What were they—about 8-roomed houses?—Yes, something like that.

779. Were the patients mostly senile, or was there any active disease with them at all that required nursing?—I think they were mostly senile. There were one or two cases of cancer, and there were one or two cases of consumption, but I think most of the cases were rheumatoid arthritis and old age and infirmity; of course, they preferred those, because there was no nursing.

780. Did you ever see any active nursing done there at all, except ordinary attendance?—None whatever. They had the greatest difficulty in getting attention at all at night. Some of the patients have died in the night and the other patients have banged on the door and on the floor to bring help, and nobody has come till the morning. They have found them dead in the morning.

781. There was no attempt at inspection by the local medical authorities, I take it?—No. I was most anxious to try and get that, but I could not get it.

782. Do you know if there were any other homes of this type in that district at all?—Yes.

783. Could you give us any idea of the number?—Would there be half a dozen in the whole district, do you think?—Well, I knew in my own area of five or six, and I think there were several more in South Wimbledon.

784. Have you ever come across the same type of home in any other part?—No. It was a great worry to me, and we

were very active in Wimbledon getting all the information we could about it locally in the town.

785. So far as you know, is it still going on?—Yes, except that the matron has gone, because they removed her in consequence of having developed delirium tremens, but the man is still there, and he has got a married daughter there.

786. As far as you know, the number of nursing homes has not decreased?—Oh no.

787. Have you come across any nursing homes of a different character in other localities?—Not catering for that type of person.

788. But generally as to other types of nursing homes, are you acquainted with them?—Oh yes.

789. What has been your experience with regard to them?—Oh, vastly different.

790. Would they be nursing homes where there were properly qualified nurses?—Yes.

791. Can you give us an instance of one of them with regard to the number of patients?—They had one patient in each room.

792. And how many nurses would there be?—There were two nurses and 4 or 5 patients. They paid 2½ to 3 guineas a week.

793. With regard to the type of home, did you ever hear any complaint from the patient?—Never.

794. Did you ever see anything with regard to mal-treatment or neglect?—No.

795. Did you find them clean?—Yes.

796. And the bedding and the general sanitary arrangements, so far as you saw them?—Yes.

797. Do you know as a fact as to whether the nurses were qualified or otherwise?—Yes, I think they were qualified.

798. Did you find doctors visiting the patients in those homes?—Yes.

799. Do you know if the matron or the person running the home was qualified?—Yes.

*Mr. Cecil Wilson.*

800. Do I understand that there are other homes of a similar character to those that you are specially referring to in Wimbledon?—Yes.

801. What we might call these lower price homes?—Yes.



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802. Are they very much on the same lines?—Yes.

803. The same character of complaint?—Yes.

804. Have you visited them also?—Yes.

805. As frequently as these particular ones?—No; these two were under my special care.

806. How often have you been in the others?—I should think I have been in the others say about once a month, or something like that; perhaps twice in three months.

807. Then with regard to the cancer cases, are those cancer cases just with the other patients?—Yes.

808. No separation at all?—None whatever; and the same with the consumptive case.

809. The County Officer would be aware of those consumptive cases, would he not?—Yes, I think probably he was in the case of the consumptive; she was a very long time there.

810. Was there no visiting of those cases at all?—Not that I know of.

811. What proportion of these people were visited by their relatives?—I should think quite half of them.

812. And were the relatives visiting frequently, or was it only very occasionally?—Most of them rather occasionally.

813. When the relatives were there, did the patients make any complaint, or did the relatives make any complaint as to the conditions?—No.

814. You think, so far as you could tell, the relatives were quite satisfied?—Well, I think it was rather that they were afraid of making any complaint; it would not be wise for them to make any kind of complaint. The patients usually begged them not to make any complaint of any kind.

815. Apart from the conditions you have described, you say they were generally treated kindly?—Well, it is rather difficult to answer that question as to what you mean by kindly; they were not maltreated, but it was simply wilful neglect; they were most of them unhappy.

816. With regard to these other homes that you spoke of of a similar character, are they for the most part for these same elderly people?—Yes.

817. In your letter I see you refer to an insane patient who was there. How long was that insane patient there?—I

should think she only became an anxiety to her fellow patients for about two months, but I should think she had been there altogether for about a year.

818. What ultimately became of her?—She was removed I think to the asylum; she went to Kingston Infirmary, and from there I think she went into an asylum.

819. Was it the same doctor who came in to certify her?—I do not know who certified her.

820. With regard to the woman who you say was brought out of the bath when her people visited the home, did you actually see that, or how did you become aware of that?—(Miss Cardross-Grant.) I saw the old lady in the bath, and I was told by the other patients that she was brought out when the people came.

821. Did that happen more than once do you know?—Yes. She was put in the bath every night because then she did not disturb the menage, otherwise she was senile enough to be walking about and wanting attention.

822. Was there anything in the way of night nursing at all?—No.

823. Were the relatives who were responsible for putting the patients into the home the same relatives who visited them; can you say that?—(Rev. S. K. Anderson.) I could not say; no.

824. Have you any reason to suppose they were not?—I have no reason to suppose that they were not.

*Chairman.*

825. Did you ever see any of the relatives and have a talk with them?—Oh, yes.

*Sir Richard Luce.*

826. Can you say who the managers of these homes were? Did they belong to the people who were actually running them?—Yes, that is so.

827. There was no management at all? None whatever.

828. Did they advertise the place?—Yes.

829. They put advertisements in the papers?—Yes, the "Church Times" chiefly.

830. Can you say what they called the place?—A nursing home.



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831. Does that apply to the other ones as well, as far as you know?—Yes; their advertisements appear also.

832. Are they still appearing?—I have not looked recently, but that is how they got a good number of their patients.

833. Were there many patients who were admitted to these places and then removed by their friends?—A certain number, yes.

834. They found it was not what they expected?—Yes.

835. Was there much of that?—No; I think they removed them when they could—some of the relations who were brave enough to do it and financially able to do it.

836. Does this same one doctor attend all these places; is a sort of general business of his do you know?—Yes; he visits all three that I know of.

837. These three are all still going on?—Yes. All four that I know of. I know he visits four, and I think he does the others. They are still going on.

838. The time that you are referring to was how long ago?—About 2 years ago, but I have been in once or twice since. I go in to see one or two of them occasionally.

839. What sort of standing were the patients in the home?—One or two were of gentle birth who had come down and could not afford anything better. They saw the advertisement and came down and could not get out again once they got in, but most of them were not of that social standing.

*Chairman.*

840. Did they ever have any money of their own to spend?—Yes. They had a little, but there were cases reported to me by them that the money was stolen; letters were opened.

*Mr. Haslam.*

841. You say the fee was 15s. 0d. to 25s. 0d., a week?—Yes.

842. Is this just a few years ago?—I do not know whether it is going on the same now, but I should think it is the same now.

843. And it was the case immediately after the war?—Yes.

844. In some cases not more than 15s. a week was charged?—That is so.

845. And before the war, I suppose, it would be less?—I do not know what it was then.

846. It is a very small sum indeed, of course?—Yes.

847. Are there others of these nursing homes which would charge that kind of fee?—Yes, I think so.

848. What sort of persons would they be who would conduct these homes; would it be a qualified nurse who would conduct similar nursing homes to these charging these fees?—They were quite unqualified.

849. And unqualified nurses?—Unqualified nurses.

850. But they would have more nurses?—What homes are you speaking of.

851. The better ones—not the ones you are complaining about, but the comparable ones which charge about the same fees. I was wondering how they were conducted?—The better ones charge about three guineas.

852. There were none that charged such a very small fee as this?—No; the other homes charged about three guineas. These homes, which I have had experience of, charged between 15s. and 25s. a week.

853. There were no other homes which charged such small fees besides this one that you are complaining of?—Yes, there were three or four of them.

854. They all charged these small fees?—Yes.

855. Were they run by qualified nurses?—No.

856. Did they have any qualified nurse in them at all?—Not that I know of.

857. What was the number of nurses, roughly, to the patients?—In these two that I know best of all under the same management, there were about 15 to 20 people in each, and in this one particular case there was a matron and one other person and the man; in the other there was a matron and her two young daughters of about 17 or 18 and one other nurse; they had a few more there, counting the daughters.

858. But not a qualified nurse?—No, quite unqualified. They call them nurses.

859. But they were run in a kindly and pleasant way, and the patients got value, you think?—No.

860. But you do not bring any complaint about those particular individuals?—I bring the same complaint against the four as I do against the one that I was particularly interested in.



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[Continued.]

*Chairman.*

861. You have two sets of homes in your mind, the four which you are familiar with, which are run on the lines of this particular one that you have been telling us about now?—Yes.

862. And the other homes which you visited on other occasions under other circumstances?—The better class of nursing home, yes; the three-guinea one, you mean?

863. Yes?—Yes.

*Mr. Haslam.*

864. You have no experience of others of such a very cheap character?—Not outside those three or four.

865. This is one nursing home in particular where these dreadful things happened?—Yes.

866. But there are others of a similar character run in a similar sort of way, where scandals did not happen?—No. Scandals did happen.

*Major Price.*

867. As I understand it, you know, personally, of some four or five nursing homes in Wimbledon, and you know of two or three of those of about the same character?—Yes.

868. And the conditions in all of them are much the same as the ones that you examined?—Yes.

869. But the others that you knew of were the superior nursing homes at three guineas where you found nothing to complain of?—That is right.

*Dr. Vernon Davies.*

870. These are only nursing homes because they simply call them nursing homes?—That is all.

871. You said that these advertisements were in the "Church Times." Did you write to the "Church Times"?—I think I did remonstrate with the "Church Times," yes.

872. Did they still continue to accept the advertisements?—Yes.

873. Do you approve of that?—I do not.

874. Do you think the Medical Officer of Health of Wimbledon has any idea as to what is happening?—Oh yes, I went and saw him myself.

875. And has he taken no steps?—He took no steps. He said he could not

approach them—I did not quite understand it—because there was enough cubic space or cubic feet of air or something or other in these rooms for the people in the homes.

876. With 4 patients in one room they were not overcrowded, according to his view?—He said he could not proceed against them for overcrowding.

877. And these homes are actually carrying on to-day, as far as you know, in the same way?—Exactly in the same way.

*Chairman.*

878. Miss Cardross-Grant, there is one thing I want to know from you; you belong to a Guild of Social Welfare. I take it you have worked in other places besides Wimbledon?—(Miss Cardross-Grant.) Yes, private nursing.

879. Can you tell us whether in your experience you have found wherever you have been this type of so-called nursing home exists?—No, I have not heard of it anywhere else.

880. You have not any experience of it?—No.

*Mr. Cecil Wilson.*

881. Have you had experience elsewhere, Mr. Anderson, and found the same kind of nursing homes?—(Rev. S. K. Anderson.) No, not outside Wimbledon.

882. How was it you came to be visiting the homes? Was it in the course of your parochial duties?—Yes, they were in my parish.

883. Not by request of the patients so much?—No.

884. Is there anything outside to indicate that these are nursing homes?—Yes. There is a brass plate on the door saying the name of the lady who runs it, and "nurse" underneath it.

*Dr. Vernon Davies.*

885. "Nurse," not "Nursing home"?—I do not think it is "nursing home"; I think it is "Nurse."

*Mr. Cecil Wilson.*

886. If homes such as these came to be registered, you could expect a great deal of change to take place, and they would not be able to carry them on in all probability?—I do not know whether



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they would be able to carry them on. Of course the fact of the authorities being able to come into them would bring about a wonderful change, I am quite certain.

887. If they were not able to carry them on, if they were shut up, what do you take it would happen to the patients who are now there?—Either they would be kept at home, which is quite improbable, or they would go to the infirmary.

Dr. Vernon Davies.

888. Do you mean the workhouse?—Yes.

Mr. Haslam.

889. I suppose some of these homes were kept clean, were they, or were they all in a condition of dirt?—Well, there were varying degrees.

890. Was there any patient at all in them that you might say was perhaps not very sick or suffering from old age? Were there any patients who might be described as having a fairly comfortable time, considering the small fees paid, in any of these nursing homes?—Yes, I think there were, as long as they did not take to their bed and become wholly dependent.

891. So long as they could assist themselves a little bit?—Yes; I think they had a fairly good time.

892. Did the same medical man run the whole lot?—Yes.

General Sir Richard Luce.

893. Do you know if he had any financial interest in these homes?—I cannot say definitely. I have been told that he was the promoter of one or two, in so far as he suggested that they should be taken by this particular person, but I cannot say that definitely—only from hearsay.

Chairman.

894. Was he a well-known medical practitioner in that neighbourhood?—Yes.

895. He had lots of other patients?—Yes.

896. Private patients?—Yes.

897. You have visited infirmaries I suppose, have you not?—Yes.

898. Do you consider the conditions there superior?—Oh, I always advised them to go to the infirmary.

Mr. Cecil Wilson.

899. There were no surgical cases in these homes?—No; I do not remember any surgical cases.

Chairman.

900. You do not think that this medical gentleman would come and tell us about it, do you?—I am quite certain he would not. It made it exceedingly difficult for the Medical Officer; that was the difficulty; that was the reason why he could not give us the backing that we wanted.

Mr. Cecil Wilson.

901. With regard to that last point which you have mentioned, would the difficulty be any less so far as the medical officer was concerned, if the home was registered, and it was part of his duty to visit it; would there not be likely to be the same difficulty?—No, I do not think so.

902. Do you think in this case people rather looked upon it as poking his nose in where he had no business?—Yes.

Chairman.

903. I take it that both of you are in favour of the registration of nursing homes?—Oh yes.

904. Would you say all nursing homes?—If they are all like that, I should certainly say so.

905. You know yourself that there are others not like that?—I imagine the better nursing homes would have no objection to registration.

906. Is that your opinion too, Miss Cardross-Grant?—(Miss Cardross-Grant.) I think so.

Mr. Haslam.

907. Supposing they were all abolished entirely, you do not think there would be any suffering or any hardship of any of the patients?—(Rev. S. K. Anderson.) I do not, considering that I think they are much better off in the infirmary than they are in these places.

908. I suppose they might get some privacy if they paid a little more perhaps?—Well, they would not get it if they paid a little more in these places; they might get into a room with 3 instead of 4—that is about the extent of it.



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[Continued.]

Mr. Shiels.

909. You refer of course to the class of cases that are not able to pay sufficient to get into decent nursing homes?—Yes.

910. That class would be better off in the infirmary?—Yes.

Sir Richard Luce.

911. In your opinion they are better in the workhouse infirmary?—Infinitely better. They get warmth and night nursing, which are two things they have never got in these homes; they were frozen sometimes.

Major Price.

912. Did they have any heating in the bedrooms in the winter at all?—Yes, a broken gas-stove that used to turn up just a little way, but no higher.

913. There was no extra ventilation?—No.

(The Witnesses withdrew.)

Miss K. STEPHENSON, called and examined.

Chairman.

918. You are the Chairman of the Public Health Committee of the Wiltshire County Council, I think?—Yes.

919. What action does the Wiltshire County Council take on the Public Health Committee in connection with nursing homes or maternity homes—any?—We can take none; we have no authority.

920. You do not register them; you have never registered even maternity homes?—No. We appear to have no authority. We are anxious to have that authority and to see this Bill.

921. Wiltshire, I take it, is entirely a rural county?—Entirely. Of course, there is the big urban centre of Swindon and the small urban one, Salisbury, Trowbridge and Melksham.

922. But they are not under the County Council, I take it; they have their own authority?—Under the Midwives Act the County Council is the authority, and deals with the registration of midwives throughout the whole county.

923. To what extent do nursing homes of any type or kind exist, so far as you

Mr. Cecil Wilson.

914. Was their personal linen in the same sort of condition as the bedlinen as you described?—(Miss Cardross-Grant.) Yes.

Chairman.

915. When they were well enough to get up, what did they do—go out of doors?—They used to help nurse each other.

916. Used they to go out?—Oh yes, they used to go out and bring in provisions for the other people, because they always supplied themselves butter, milk, tea and sugar; they never got enough of those.

917. Is there anything else either of you would like to say; you know exactly now what it is we want to know?—(Rev. S. K. Anderson.) No, I do not think so, except I hope they are registered for the sake of the poor things in them.

Chairman.] We are very much obliged to you for coming.

know, throughout the County?—I think there is practically nothing that can be called a nursing home outside Swindon and Salisbury; in both of those places there are nursing homes.

924. Do you know anything about them?—Yes; I think that the two in Salisbury are quite good, and there is certainly one in Swindon that is good. I would not go so far as to say that all the nursing homes in Swindon are good. What I am particularly interested in is that, if this Bill and registration should come in, it should include, as I think, is said in the draft Bill, all premises and odd rooms that are used. That is what takes place in a rural county. A midwife or a partially-trained nurse, or a fully-trained nurse, has one room or sometimes two rooms that she habitually lets for cases, and over which the authorities have no right of entry at all unless we can get up a complaint about the cubic space or sanitation. With regard to midwifery, we have got no right of entry until the midwifery case comes off, and we are very anxious as a local authority that registration should include these stray rooms that are let all



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[Continued.]

over the County in the rural areas. I can think now of several midwives, some quite good, some perhaps a little elderly, who let a room for a midwifery case, and in one or two cases we know them to be very unsuitable rooms and very unsuitable premises.

925. Do they take in other cases besides that particular kind of case?—Yes, but, of course, we only hear of that rather privately—either from the district nurse or from doctors. We know the midwifery cases, of course, because of the registration.

926. That is why I asked you the other question, because you would not know of the other case unless through some outside information?—Yes, but we do know that a room that is kept for that, is also let for any other case.

927. They would not take infectious cases, I suppose?—I think they would not like to risk it, because they know of the notification, you see; we have them there at once.

928. With regard to these nursing homes in Salisbury and Swindon, are they run by qualified people?—There is a very good one in Salisbury.

929. Are they run by a qualified nurse?—Yes. I do not think that any of the good ones would have any objection to registration in any way; in fact, I know that is so.

930. How, then, do the people in the country districts dispose, if I may so call it, of their relatives that are suffering from senile decay, rheumatoid arthritis and this kind of thing?—I do not think there is the same feeling in rural areas against the workhouse infirmaries; I think you find most of them in the workhouse infirmaries.

931. You are familiar with that institution, I suppose; you have been into it?—Oh yes.

932. That is all well managed, I suppose?—I know a good many of them. I would not like to say I was familiar with the whole lot in the County, but I know a good many for various reasons quite intimately. Of course some of them are not as good as others.

933. Have you got any actual cottage hospitals in your area?—Yes, a great many.

934. Do they do good work?—Yes, but if I may say so, I have put forward a suggestion that they should be included in registration. I am interested in every sort of nursing and wish to see it

kept up to standard. I am on the Board of Management of the Salisbury General Hospital and various other institutions, and I think it would be a fact that if in the rural areas the registration of nursing homes became law, the smaller cottage hospitals would take up the nursing home work. They do now, and it is very difficult to put your finger on it. I know one cottage hospital that honestly admits, and it puts it into its rules, that the Doctors and Surgeons attending may charge a fee; others do not put it in their rules, but it happens. I do not think it would be any hardship on the cottage hospitals, but I think it would keep up, which I fancy we all want, the standard of nursing in all institutions. Probably everybody here who knows about these things would know that cottage hospitals are going through a very difficult time now, as they cannot train, but if they took up work of this sort it might tend to them getting rather on to the bad nursing home style and engaging stray untrained women to take charge of patients. I think if this registration Bill came in, it would be a very great advantage if it included all wards or even beds in hospitals that had a maintenance charge, and where the Doctors and Surgeons took a fee.

Dr. Davies.

935. You recognise, I suppose, that there is a necessity in some of these villages for rooms where certain women can go to be confined?—Yes.

936. The necessity does arise?—I think as far as my own County is concerned it is less, because we have got three quite big maternity homes, which the County Council and the Borough Council support, where it is nearly always possible to get cases that require it.

937. I am speaking generally of rural areas and not only for the purpose of your particular area. You recognise that the necessity might arise?—Certainly.

938. You recognise that it might also happen that you might have a good midwife, a C.M.B., who may live in a country cottage which is not ideal from the point of view of taking a maternity case?—Yes.

939. Because it is the only cottage she can get?—Yes.

940. Would you say she ought not to take a case? Would you regard the house as of more importance than the nurse?—No. I think the local authority



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[Continued.]

ought to be able to judge of that. I can think of a place now where there is an excellent midwife, not a very bad house; she would like to be registered as taking cases; she does take cases, but she would like to have the status of registration.

941. Exactly, because it would improve her position?—The status because of inspection.

942. But supposing a poor nurse had a house which was not very satisfactory and a friend of hers wished to go there to be confined, and she said: "My house is not very suitable, still I will take you in"?—Well, that would not be habitually. There is never any objection to the friend, but it is the friend that happens once a month, and she is always the near relation, that we know so well.

943. You think if she once takes the plunge she might afterwards take it regularly?—Yes; then I think she ought to be registered.

944. So you really come down to this in the end, that the house is more important than the nurse?—No, I do not. I think a properly trained midwife is the most important, but I do not think that she ought to rather inveigle somebody by her training to go to an unsuitable place.

945. You say, referring to No. (4): "Cottage hospitals are frequently used by general practitioners, who send patients who pay a small fee." Then you refer to the badly equipped and inefficiently staffed nursing home. Do you think that any doctor would send a case into a cottage hospital for confinement if he was not perfectly satisfied that everything was as it should be? Would he take the risk for one of his own patients, do you think?—I am sure he would in the country.

946. You think he would; why?—I think there are many doctors—probably not so many coming into practice now—who have not a very high standard of what is required in equipment. I have had it advocated at the Public Health Committee by a doctor that cottage hospitals should be allowed to take maternity cases. I know the cottage hospitals he advocated. I know they have been absolutely in trouble either over the standard of equipment or nursing that they should have had, and yet he urged it.

947. That would be what is called an old-fashioned doctor?—Yes; I dare say a very good general practitioner.

948. Do you think that would apply to the modern young man?—I hope not. I hope that there is a higher standard in the hospitals now of what is required, and, naturally, I hope they bring that standard into their general practice.

949. Of course, you take the point that if the cottage hospital were suitable in every respect there would not be the slightest objection on the part of the Committee or the staff to having it registered and inspected?—Not the slightest. Think of the cases in point. Look at our general hospitals. They make no objection to inspection if they have a maternity ward for training. They are inspected by the Ministry of Health. V.D. departments are inspected. No big hospital has any objection.

950. You must bear in mind that, if we have the question of registration and inspection, it will not stop in the bedroom or the ward; it will extend to the nurses' quarters and kitchens and other places, and I know of some hospitals that would not like inspection of some of their nurses' quarters?—Then I think it would be a very good thing if they had it.

951. Quite, but the point is that, once you open the door to inspection, inspection is not stopped in the actual sick-room?—No; I do not think it can stop in the sick-room.

952. It means inspection of the whole place?—Yes.

Mr. Haslam.

953. Is there a large proportion of homes which you would describe as badly equipped and inefficiently staffed?—Well, I really do not like to answer that, because I should have worked out exactly the numbers. One is always overwhelmed by the thought of one or two, but probably it is not a big proportion, and they are hardly homes; they are more these places that take two or three cases, perhaps even one case.

954. Unqualified people, you mean, from a nursing point of view?—No, usually a qualified midwife or a qualified nurse who is just making a little to add to her living and takes in cases.

955. You do not know of many homes in your part which are set up to be homes and take in cases?—All the ones that I can think of, I think, are very fairly good. I do not suppose they are up to the standard of some of the London homes. I have seen a good many, and they are a good standard, I think.



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[Continued.]

956. What is the sort of range of fees of the nursing homes?—The one in Salisbury goes from five guineas to eight guineas a week.

957. And then there are probably more moderate ones?—They are trying to start one now with a lower fee of three guineas, and there are certainly two I can think of with a fee of  $3\frac{1}{2}$  to 4 guineas.

958. Running now?—Running now—not quite in Salisbury, but out in the country.

959. And are there any with still lower fees? We have just been hearing of some with very much smaller fees?—No; I can think of nothing except this sort of odd room.

960. That is the cheapest way then for a person to get what you may call private nursing?—Yes.

961. Supposing all that, or a very large number of these single cases, were done away with, you do not think that would inflict any hardship; you think the patient would be quite well able to find other accommodation?—No; I do not think it would inflict any hardship. There are at least two or three places I think that could well be registered and would like registration, but we have no power of inspecting or seeing that they are the right sort of places. They are run entirely by local midwives who are also trained nurses.

962. And you do not think it would inflict any hardship on anyone, supposing they are unable to come up to the standard required by the registration and inspecting authority?—No, because I do not think the local authority would try and stop or close down any suitable places.

963. But there are some unsuitable places?—Yes.

964. You do not think they are sufficient in number, or do you think that they could be raised up?—The ones that are unsuitable, I think it would be no hardship to have closed; it would be a great advantage to everybody, certainly the patient.

965. And you do not think there are any nursing homes in your part which you know of which might be described as badly run and badly equipped?—No, not real nursing homes.

Sir Richard Luce.

966. With regard to nurses taking patients into their houses in the way that

you have described, can you say at all what they usually charge for that?—It varies enormously, and it is very difficult. I have tried several times to get some sort of exact sum, but it is rather like the old midwives' fee; a good deal is given; they pay a bit, and if they get the maternity benefit they pay a bit more; if they get the double benefit they pay a bit more again. It is very difficult to say that any fixed charge is made. I think the woman gets as much as she can usually; it is done more like that.

967. I do not quite understand the reason for your paragraph (4), where you recommend that cottage hospitals, if they take in private patients, should be registered? Why do you think it is necessary that they should be inspected for that reason? If it is not necessary to inspect a cottage hospital in the ordinary way if it does not take in private patients, why do you think it is more necessary that they should be inspected when they do take in private patients?—I think it is a matter of justice. If you make a nursing home registrable you ought to make the place registrable which is taking the place of a nursing home where fees are being paid also, to keep up the standard of nursing.

968. That would apply, of course, to every general hospital all over the country?—I do not think the doctors take fees in the ordinary wards of general hospitals.

969. In many hospitals they take even big fees?—There are paying wards, and I would have them registered. It would raise the whole standard of the thing. It would take away the onus of a registered home if all wards and beds where maintenance and fees were charged were also registered. It would get it all on the same level.

970. I cannot see quite why you want it registered. I cannot see what the argument is why it should be registered, because they take in private patients, when you do not necessarily bring in the argument that hospitals generally should be inspected?—A big general hospital is a training school, and I do not think anyone has any fear as to the nursing keeping up, but in a cottage hospital, where they can do no training, it is becoming a great difficulty now and it will be a bigger difficulty in the future to have trained staff at all.

971. On the other hand, supposing you had these hospitals, it would be very



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difficult to refuse them registration. Supposing once they had started, it would be very difficult to refuse registration to others of that sort, would it not?—I think you would say that you must have somebody trained on duty in the day and somebody trained on duty at night, but the cottage hospitals now are very apt to have a trained matron and perhaps one trained on the staff, and if they get any more patients then they get in who they can to help. They cannot help themselves, because they cannot train probationers, you see.

972. They cannot train and of course they cannot get trained nurses to do that work?—No.

973. It is also a fact that in a cottage hospital it would be impossible, even if you paid for them, to get a trained nurse to do the junior work of a hospital?—Yes, but I would like to try and enforce that there is somebody trained on duty when there are cases in. It is rather the fear of the future, knowing how things are in the rural counties. An Act is passed for one thing, and it is not quite seen how it is going to affect our sparingly populated places.

Mr. Cecil Wilson.

974. In your first point you say: "A power for the registration of nursing homes in rural counties is much needed." Are you distinguishing at all between cases in which there are one or two patients and larger homes, or would you have them all registered?—I am taking it all; you could not select; but it is because of the single room that we wanted it so badly.

975. You have a good deal of that in Wiltshire?—A very great deal.

976. Has complaint come to you in regard to those places?—Yes. From time to time we have had difficulties, but of course as the local authority we only come in when it is a midwifery case.

977. With regard to the patients, in most of the cases where you are thinking of registration being required, it is those who are only able to pay a comparatively small fee?—Yes.

978. As regards your cottage hospitals, you have a considerable number in the county?—Yes.

979. Differing very much from our urban areas?—Yes.

980. They are run by the subscribers—really a committee of subscribers?—Yes. They are by way of being run by a com-

mittee of subscribers. I think sometimes they are entirely in the hands of one or two doctors.

981. Would there be objection in those cases to registration if the whole hospital were registered?—I think if they wanted to keep up the standard they would not object; the ones who wanted to be below standard would.

982. Have you nursing homes which are really run by doctors—medical men's nursing homes—in the same way as we have in some of our large cities?—Yes.

983. What would you say about registration of those?—I think they certainly ought to be included.

984. With what object?—I know it has been suggested that the doctors' homes should be left out, but it would naturally follow that a doctor could cover even a woman who was letting a single room; he could say it was his home, unless you included all nursing homes. We all know that under the Midwives Act there is still a certain amount of "covering," and I always fancy that laws are made to keep up the standard. What we fear in the county is "covering."

985. With regard to the conditions in cottage hospitals, generally speaking, there is not much complaint, is there?—No; I do not know that there is much complaint.

986. Only that they may be short of equipment?—And short of trained nurses.

987. There will be times when these cottage homes would have almost no patients in at all, and times when they would have many patients?—Yes; that is the real difficulty with them.

988. What happens in those cases when they have a large number of patients?—Then they get in what help they can.

989. And sometimes that help is not a trained nurse?—No.

990. But they are always obliged to have some trained?—Yes; I think our Committee would always see to that, but I do know they have got down to having a trained matron.

Major Price.

991. Have you received any complaints in respect of any nursing homes in your county?—To me personally as Chairman of the Public Health Committee, or as a private individual?

992. Either?—Yes, privately I have.

993. What has been the nature of the complaint; what has been the dissatis-



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faction?—Insufficient nursing; nobody on night duty.

994. In the particular home that it came from what sort of paying patient would there be; what would they be paying?—Probably two to three guineas a week—quite a small fee.

995. Would that be a cottage hospital or a private nursing home?—A private nursing home.

996. Do you find there is any lack of private nursing homes for the number of patients that require them?—I believe there is. I believe there is a lack for those who can pay about four guineas a week; it is in between the quite cheap sort of home and the better class. There always is a big gap.

997. You have had no other type of complaint of insanitary conditions or ill-treatment of patients or anything of that kind?—Never ill-treatment, but insanitary conditions, yes.

998. Would that be because the type of the house in the country districts is of itself not up to date in sanitary appliances?—Yes.

999. It would not be that the management was neglectful?—Not necessarily, but the type of house is very unsuitable habitually to take patients in; one or two would not matter perhaps.

Dr. *Shiels*.

1000. In these single-room cases, as a rule there would be no medical attention at all, would there; they are mostly midwifery cases, are they?—No.

1001. The midwife will do everything that is required unless there is any complication?—Yes; she has to send under her regulations.

1002. Do they ever take in any other class of case—an ordinary sick case?—Yes.

1003. And is there medical attention in that case?—Yes, I think so. Sometimes we hear of these places through one of the medical men, who lets us know.

1004. Do you know of any cases where a nurse or any other person takes in a sick individual in that way and there is no medical attention, and she is just keeping her there?—Yes, I do. I suppose they would send for the doctor if the case got very bad.

1005. If it was very serious?—Yes.

1006. With regard to cottage hospitals, I suppose it is the case, as you have indicated, that the difficulty with them is the nursing?—Yes.

1007. Because the time that a probationer nurse puts in there does not do her any good as regards qualifying for a certificate?—Yes.

1008. Is it the case that the class of nurse is very often a young girl, who is waiting, putting in a year or a couple of years until she is of the age to go to a general hospital?—Yes. I think some of them do. Some of them we get to go for a year to a cottage hospital in my county before giving them midwifery training, because it is of some value, although it does not count.

1009. So they go there for a year, and then they take the C.M.B.?—Yes.

1010. Did you say that you know of cottage hospitals which have paying wards? You made a distinction, which, of course, is one we know of, between paying wards where the patients pay for a particular ward, the fees going to the managers of the hospital, and cottage hospitals where the doctors are allowed to have patients in consideration of their other services and draw the fee from the individual?—Yes.

1011. You have both these classes?—Yes.

1012. Have you any opinion to express as to the respective merits of the two systems?—I think that there is no doubt where there is a paying ward, and where the system is admitted, it is far better than where it is not admitted, and yet, where we know it is happening. The doctor sends a case to hospital and it is not admitted, in the report nor at any meeting, that he is receiving a fee. He is receiving, probably, his full fee.

1013. Is it the case that you suggest that the management of these cottage hospitals, which are voluntary associations, are rather nominal, and that the real control is in the hands either of the matron or the doctors who are attending?—Yes.

1014. And that the committee nominally in control does not take very much active interest in the hospital?—I think sometimes they take quite an active interest, but I know a case where they told me at a meeting that no doctor was receiving a fee. I knew it was absolutely untrue, and, on putting it to the doctor, he admitted that it was so, and he said it was nothing to do with the committee, and had never been before them.

1015. Does the Committee, in your experience of these cottage hospitals,



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[Continued.]

take an interest in the nurses' conditions, in their sleeping quarters and in their food, and so on?—Yes; I think that committees always do, but I think that some country committees do not always quite follow the difference between a trained nurse and untrained nurse.

1016. Have you ever heard of the case of a matron getting a bonus for keeping down expenses?—No, I have not.

1017. And you have never heard of any complaints about nurses' feeding in such cases?—I have heard complaints about nurses' feeding, but I have never heard that reason given, that it was a bonus given to the matron.

1018. Your general suggestion is that in the cases where there is a financial consideration given to the doctor, it may possibly make him a little less particular about the standard of the nursing, and he might be tempted, as others engaging in financial transactions are, to engage cheap labour?—Yes; anyhow he would not be particular. I do know this as a fact, that if you watch cases coming into an area into a big general hospital it is the poor cases that will come; the better-off cases, you notice, go to the cottage hospital where the doctor is receiving some fee.

1019. You told us about the projected nursing home in your county which doctors were urging for, where the fee was to be three guineas, I think you said?—Three to four guineas. I do not think they have worked out yet what they can do it at, but they are going to keep it as low as possible.

1020. How are they managing to run the home on such a low fee?—I do not know.

1021. That is a mystery of theirs?—They are going to work it up; I think perhaps they will be able to do it.

1022. You have no objection, I understood, to the midwife or nurse having this single room or double room for a patient as long as it is open to inspection; you have no objection to the system?—No. I think it is probably of great advantage to rural areas, but there should be discrimination as to what room is used, and, if I may say so, as to what midwife is allowed to do it. I know of a case now in an urban area where a midwife habitually lets a room; she ought not really to be allowed to have a case in her house.

1023. Why—because of the accommodation?—Because of the accommodation,

and also we know that she is an unsuitable character. She has gone downhill since she took her training.

1024. But if it were represented to the Board that there were sufficient grounds, she would be disqualified, would she not?—Yes, but until you can inspect the premises it is not very effective. It is much more easy if you are to go in and inspect constantly than not till a midwifery case comes off.

*Chairman.*

1025. Did I rightly gather that, so far as your experience goes, in the rural area there are very few cases of confirmed invalids and old people who cannot get put up by their relations?—I think most of them go to the workhouse infirmaries. I think on the whole it is a fairly good standard of workhouse infirmary throughout the country.

1026. That seems to be a different state of things from the state of things in the place we were discussing just now, a place like Wimbledon?—It is quite different. I do not think there is quite the same stigma on a workhouse infirmary in a rural area.

1027. Supposing Parliament did decide to register nursing homes, do you think that any exceptions ought to be made, and, if so, what exceptions?—I think no exceptions. I think it would be much easier for a registering authority to put them all on the same footing. Might I bring something to your notice upon registration?

1028. Yes.—I know in the original draft Bill there was a question of the County Councils and Borough Councils being the registering authority for the good working of it. It would be very much better if it was also the Boroughs, not necessarily the County Borough, that had the Notification of Births Act. You understand the awful difficulty; one gets in between two authorities. If I may explain the instance of my own county, Salisbury is a non-County Borough, but yet it applied to have the Notification of Births Act, and the County Council quite rightly gave it up. That non-County Borough under this draft Bill, you see, would not have this inspection, and to work it properly it ought to have it. It has got its Medical Officer, it has got its health visitors, and it would work well if it was under the City Council. If



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worked by the County Council it would work badly.

*Sir Richard Luce.*

1029. This is even another authority in addition to what we have been discussing in the Committee on Maternity Homes this morning?—The non-County Borough?

1030. Yes. This is a separate class again—those who have the right to notify?—Yes, the Notification of Births Act. They already get the notification of birth within the 24 hours.

1031. Many other boroughs who are claiming the right to do this have not the right of notification, so that you have introduced yet a third possible one?—I think, if I may say so, the Notification of Births seems a rather sound line to draw, because a borough that has that knows something of the work. All authorities naturally will not have it. I am not suggesting that all boroughs have it. I am only suggesting the ones that have the Notification of Births Act.

1032. It is half-way between the two that we were fighting about this morning?—As you know, they were not allowed to give it up to any boroughs after 1918 or somewhere about that date, so it means that they have worked it for some time. Those who did not get it before that date have not been able to get it.

*Mr. Haslam.*

1033. Did I understand you to say that in regard to the possible registration of medical men's houses as nursing homes, when they took patients into their houses, you do not desire that so much because you think they may be inefficient as because they may go in for what you call covering; that they might have a home in 20 villages?—No. They might, and I think I may say, although I know there are doctors present, they would cover an unsuitable person sometimes.

1034. You mean to say a doctor living in village A, and there was a midwife who took a case in village B, would say he lived there?—No; he would say that was his home.

1035. His nursing home?—Yes. I think other people will give you much better evidence as to doctors' homes and that sort of thing. I am only interested in what would, I know, occur in a rural community.

1036. That, of course, would not cover his own home?—No. If you said a doctor's nursing home was free of this registration, nothing would prevent a doctor saying that that midwife is running his nursing home, whether it is one room or two rooms, and the local authority would have no right of inspection if a doctor's nursing home is free.

*Chairman.*

1037. If we get registration, that will be put all right, because those will be registered, I take it?—I hope they would, but it was suggested that the doctors' homes should have a different system for registration.

*Mr. Haslam.*

1038. It was the doctor's own private home, I thought—his own house?—But you could not say that he had got to live in it, could you?

*Chairman.*

1039. Well, that is a case that happens. Doctors in their own houses have room and they take patients. Have you got any cases of that kind in your county?—I do not know of many. I know of one. I think they ought to be registered.

1040. You think that where a doctor takes more than one or two patients he should be registered as a nursing home just like anybody else?—Yes.

1041. Although it is his private house and part only is let to the patients, and the other part, if occupied by himself and his family?—Yes; absolutely fair.

1042. The doctors do not like it?—Yes, but still, I do not think they mind very much.

*Dr. Davies.*

1043. You do not believe that the sole supervising authority should be the County Council?—No, I do not; I think it might lead to difficulties.

1044. Do you think, if you had your supervising authority or inspecting authority in the smaller districts, that it might lead to certain injustices by local jealousies; do you think that question might arise?—Yes; one always has to be prepared for that.

1045. You think that might arise?—Yes.

1046. That would be an argument in favour of the larger authority being the



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[Continued.]

supervising authority?—But I think you would get the end at which we are all aiming by the smaller authority. If I may say so again, if they already have the Notification of Births Act, I think they would really resent very strongly another authority coming in for the nursing homes.

1047. That is local patriotism?—There is great jealousy between medical officers very often.

*Sir Richard Luce.*

1048. The other claim that we have heard in regard to maternity homes was not the question of the Notification of Births, but a question of mothers' welfare work; those are the people who have claimed it. Would you think the Notification of Births is a better system than the authorities which run welfare systems?—Oh yes; it is a much higher standard. After all, Notification of Births is only allowed to be taken up after considerable consideration by the Ministry. It was originally for the County Authorities, and then the Boroughs and non-County Boroughs had

to apply. It was only done after consideration if they had sufficient staff and all the rest of it. But the maternity and child welfare centres are nothing; it does not follow that there is any real local authority.

*Chairman.*

1049. Is there anything else you would like to tell us?—No. I have been very much obliged to you for allowing me rather laboriously to make my points.

1050. We are more than obliged to you for coming to help us?—I would also like to make some sort of apology for wanting to come. I, of course, am on the County Council Association and various other bodies, and I did put these points forward, and each separate body said: "We will take one of them." That left me in such a confusion as to who was going to bring forward what, that I wrote and asked you kindly to receive me myself. Somebody said: "This has got to do with the College of Nursing," and somebody said: "This has got to do with the County Council," and so on.

*(The Witness withdrew.)*

*(Adjourned to Thursday next at 2 o'clock.)*

*Thursday, 22nd April, 1926.*

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Mr. Haslam.  
General Sir Richard Luce.

Major Price.  
Dr. Shiels.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

Miss K. SCOTT and Miss C. C. CROOKENDEN, called and examined.

*Chairman.*

1051. Miss Scott, you are the Matron of a nursing home at Bournemouth, I think?—(Miss Scott.) Yes.

1052. Generally, are you in favour of the registration of nursing homes?—Yes. decidedly.

1053. Would you register all nursing homes of all types?—I think they should all be registered on a different level.

1054. But they should all be registered?—They should all be registered, I think.

1055. Do you think that a doctor who takes a couple of patients in his own



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[Continued.]

private house, because he has got room there, should be registered as a nursing home?—I think he should be registered, but I do not know that you could call it a nursing home exactly.

1056. Do you think there are any exceptions that you would like to make?—I should think if a home is connected with a hospital, under hospital management, of course.

1057. Cottage hospitals?—I should think they would be under hospital management.

1058. One of the main reasons you give in your statement, as I gather, for being in favour of registration is that people very often are driven at the last moment into a nursing home without knowing anything about it to start with?—Yes.

1059. Do you lay a good deal of stress on that?—I think I do; they have no time to make inquiries.

1060. They generally hear about it from a doctor?—Well, the doctor does not always know a great deal about the home.

1061. Supposing there is time to make inquiry, do you think then they get better accommodation; can they make a better choice?—They might find a more comfortable home, but I do not think they could inquire into the nursing arrangements or the efficiency of the nurses even then.

1062. You suggest really that there is no result from any inquiries that they may make?—Only from a personal point of view. They may like a certain home better than another, but they could not find out if they would be nursed better.

1063. They must know somebody who had been in a particular home?—Quite so, yes.

1064. Therefore you think there should be a list of registered homes?—I think it might be a help.

1065. There is a great deal of difference, is there not, in the accommodation and so forth of various nursing homes?—Oh, immense.

1066. Have you seen a good many in your town?—Yes. I have been matron of a hospital all my life, and for the last three years I have been matron of a home, and I have had occasion to see many other homes.

1067. What is your general impression—that there are more bad ones than good ones or more good ones than bad ones?—

I do not think I could say; I know there are a great many bad ones and equally I know there are a great many good ones.

1068. It is six to one and half-a-dozen to the other. You make some observation here about the fees. You say: "The patient would then at least have the satisfaction that he would have highly skilled attention and that he would not be charged with unduly high fees." Do you think that is a failing of nursing homes?—They do vary very much.

1069. Do you suggest that the authority, whoever it is, that registers the homes should in any way assess the fees according to the type of home?—I think there ought to be some regulation.

1070. But your main point, I take it, is for the protection of the public and of the patient, as representing the public, that the nursing staff should be sufficiently qualified?—That is the main point, I think.

1071. But you would give some attention to the sanitary condition and suitability of the house?—Certainly, a great deal; but none of it would be any good if the nurses were not efficient.

1072. Then you say too, do you not, that the nurses' quarters should themselves be adequate and proper?—I think that is very important.

1073. I would like to hear your opinion on this question that we have had before us at previous meetings of these homes where they take in a certain number of poor old helpless people; what do you say about that; have you any experience of that type of home?—I do not think I have had any experience, but I should think they certainly need inspection as much as any.

1074. Have you had any experience of that type of home, Miss Crookenden?—(Miss Crookenden.) No, I have not.

1075. Are you too generally in favour of registration?—Yes, entirely.

1076. On the same ground as Miss Scott very largely?—Well, yes.

1077. Is there anything else you would like to add to what she has said?—I was in favour of it more for the protection not only of the public but the nursing homes themselves. When one runs a nursing home as one considers it ought to be run one does not like to think that nursing homes are terrible places and have such a very bad name. I think for our own protection it would be good to be registered.



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[Continued.]

1078. One of your points is rather this, that a nursing home has to be established for some time and run on good lines before it gets a good reputation?—Yes, I think it is.

1079. And having got that good reputation, then another home starts, and however well and good the intentions may be of the person who is going to start that home, and however well it may be equipped, it does not stand a good chance against the old-established home?—Yes; I think it does.

1080. I rather gathered from your paper that you did not think so?—No. I think if it has got a good name——

1081. I am assuming a newly started one which has not yet made its reputation. Is it handicapped by the existence of a well-established and well-known one?—I think a great deal of that depends on the locality and the necessity for another home. If it is a large locality there is no reason why a good many properly run nursing homes should not do perfectly well.

1082. Why I was asking that was, I was wondering whether you would say that registration would help that and decrease the handicap of the newly established nursing home if there was a handicap?—For instance, a home was started in the same road as mine; if that was run on proper lines and was registered as a nursing home, if we were full up the doctors would naturally go to another one which was equally registered as a good home.

1083. In a certain sense it would equalise the position between an old-established one and a newly-established one that was equally good and was registered in the same way?—Yes, I think it would help.

1084. You say in your paper here, Miss Scott: "It is equally obvious that very many nursing homes are not properly conducted and many are of bad repute." What exactly is the meaning of "bad repute" there; you do not mean immoral, do you? Do you mean a bad reputation for nursing?—(Miss Scott.) I think there are both, are there not? I have heard of many immoral homes and many of bad repute from a bad nursing point of view.

1085. You mean from both points of view?—Yes.

1086. It has come to your knowledge that things have been said about nursing

homes which reflected upon their moral character by reason of what goes on there?—Yes. I can give no definite home, but I have heard it.

1087. What is your experience with regard to that, Miss Crookenden?—(Miss Crookenden.) I have heard the same, but I have never come across them.

1088. Have you anything to say about the sanitary conditions? You make the observation here: "When negotiating for buying a nursing home it was significant that on each of my visits of inspection it was 'inconvenient' for me to see the sanitary arrangements"?—Yes. I think that in a great number of the houses that are apparently used now as nursing homes the sanitary arrangements are bad and totally inadequate for the work that they do.

1089. The reason, I suppose, is that they are just private houses converted?—I think they are private houses that have just been converted into nursing homes.

1090. Yes; quite cheaply?—And they do not want to spend more money than they absolutely must.

1091. You consider, do you not, that it is essential that the matron and the nursing staff should be fully trained?—Yes.

1092. And you would have the authority, whatever it is, inspect these homes through a registered nurse?—Yes. I do not see how a lay person could possibly know the essentials that are required for good nursing.

1093. Not a doctor?—I do not mind a doctor, but I do not think they ever see as much as a woman who has been absolutely through the training and knows what is essential.

1094. You would not have the Medical Officer of the Borough or the County Council, whatever it was?—I do not mind a Medical Officer provided he has got a trained woman as well with him.

1095. He should bring a trained nurse with him?—I do think that is really essential.

1096. Does the trained nurse generally perfectly well understand the whole question of catering and feeding?—Well, she should do; she has been through it all in her training school.

1097. But do they pick up much about that in their training?—Yes, I think so. I did six months of it in my training.



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1098. There is one other point that you make, and that is, that you do not wish anything shown which would change the atmosphere of a private home. By that, I think, you mean that they should not have a brass plate on the door or anything of that kind?—Yes; and I do not think they want a notice inside to say that they are registered—a big board inside with a copy of the rules attached and that sort of thing. I think it would choke one right off to go into a home and see a thing like that sticking up in the front hall.

Mr. Haslam.

1099. Do you mean it would choke patients off if you had a notice displayed?—Yes. They go to a private home; they do not want to feel that there is any sort of publicity about it at all, I think.

1100. But do not they want to know that it is registered, and that they have the protection of registration?—They can ask if it is registered, and you can keep your papers quite handy if they want to see the certificate to see that it is registered without having a big board of rules meeting you at the front door, so to speak.

1101. You realise, of course, that if an inspecting authority were set up they would have certain standards, and you would be quite prepared to conform to those standards?—Yes, certainly.

1102. There have been certain complaints as to the cooking in nursing homes brought to our attention, and I think it has been suggested that the kitchens and the domestic staff would also be inspected; would you be in favour of that?—Yes, certainly. There, again, I think a trained woman would know very much more than a mere doctor as to the details that are necessary for cooking.

1103. In regard to the inspection of cooking, I suppose you would agree that a visit after notice would not be of the same value as a surprise visit?—Yes. They could come at any time any day of the week they liked; I would not mind in the least.

1104. You do not think that, in general, that might have any very bad effect on the domestic service?—No, I do not think so.

1105. You do not think that the cook would object to being inspected and

having an inspector down on a surprise visit, looking into what she was doing and all about it; you do not think that would be any disadvantage?—I do not think anybody who does their job properly and knows how to do it minds anybody seeing it.

1106. You would be quite prepared for that?—Yes.

1107. You do not think it would add in any way to any people's difficulties in running the domestic staff that you might have an inspector down at any time?—No; I do not see why it should.

1108. Might I ask, Miss Scott, would you agree to that domestic inspection?—(Miss Scott.) Yes, absolutely, I would.

1109. You think it would be no disadvantage whatever in running the domestic staff to have an inspector intervening, as it were, to some extent between you and your domestic staff; you do not think that would be a disadvantage?—No; I think it would do them good. I take it that I should be there; I do not suppose they would go round the home without the head.

1110. Oh, no. Of course, you would, no doubt, have a right to be there?—I think there would be no difficulty.

Chairman.

1111. You think the cook would not say much if you were present?—I do not think she would object.

Mr. Haslam.

1112. And she would not say anything after?—In my own particular place, I do not think she would mind, and I do not think I should.

1113. Supposing the cook were not as good as you could wish? Of course, we all know that, however much one may wish to have a good cook one cannot always command one. Do you think, supposing you had a not very good one, inspection would do her good and make her better?—I think it might.

Dr. Vernon Davies.

1114. Would you acknowledge that, speaking generally, patients go into nursing homes upon the recommendation of their own doctor?—I should say they generally did.

1115. And that if the doctor were satisfied about the home he would naturally support it to the best of his ability?—I am sure he would support it.



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1116. But you also take the line that a mere doctor may not necessarily be the most competent person to judge of the suitability of a home, taking into account its sanitation, its cooking, its nursing accommodation and so on; that was Miss Crookenden's opinion?—I think he would find it easier if he was assisted by a nurse who was trained in such things.

1117. You say at present the public has no guarantee that the so-called nursing home is run by a fully trained matron and a fully trained nursing staff. Of course, the responsibility in the majority of cases is the doctor's. Is it your experience that a doctor has asked you, coming into your home: "Are all your nurses State registered nurses"?—Never once.

1118. He simply puts the whole responsibility on you?—Absolutely. Perhaps I ought to say that I run a home belonging to my cousin who is a doctor, but there are many other doctors coming into the home, and I have never once been asked.

1119. That is to say, the doctor puts the whole responsibility for that upon you?—Absolutely.

1120. And if anything went wrong you would be blamed?—Absolutely.

1121. I see you take the point that every nurse in a home should be fully trained. Would you stick to that absolutely?—I would stick to it absolutely so far, that every nurse who had charge of a patient should be fully trained. You might have a chronic case in the home—I have at the present time and I have to have two untrained women always staying with her, but they are under my head nurse. They are the only untrained ones in the house.

1122. But you do recognise that there is a certain position which untrained or partially trained women may occupy?—Yes, I do, under the head nurse entirely, but that is only for a chronic case that cannot be left.

1123. But still they are on your staff?—No; I would not call them on my staff. They are private ones engaged to come in.

1124. Never mind; you pay them?—I pay them, yes.

1125. So they are to all intents and purposes on your staff?—Yes.

1126. Have you told the doctor in charge of the chronic case that those two ladies are not trained nurses?—He

knows; but I do not think I have told him so.

1127. How does he know?—Well, you can see it. They do not dress like nurses.

1128. You cannot go by dress?—Well, anyway I know that he knows it.

1129. Do you think it should be the duty of the matron of a nursing home if she is employing any partially trained women to tell the doctor?—Yes.

1130. And also the patient and the patient's friends?—I certainly should if the patient was paying; I should certainly tell them.

1131. You would make it compulsory for the matron to give this information and not wait until she is asked?—I certainly think she should.

1132. Do you think that if a case has been nursed by ladies who are only partially trained you should charge lower fees?—In this case the patient's relations pay these two nurses themselves so much a year.

1133. I am supposing you are engaging them?—Would you ask your question once more, please?

1134. Supposing you had a chronic case and you said: "This does not want a fully trained nurse; I will advertise for a nurse who is partially trained or trained for children or mental cases, or something like that to come in and look after this case," do you think you would pay that nurse a smaller salary than your highly trained nurse or surgical nurse?—Certainly.

1135. Do you think the patient's friends should be informed and told "Very well, the fee will be lower in this particular case"?—No. I do not think they should be lower, because I am responsible for the patient and my head nurse nurses her; these others only sit with her.

1136. Therefore if you had the matron of a nursing home who was perhaps not very conscientious, she might get one trained capable surgical nurse and the whole of the rest of her staff might be partially trained nurses, and she would charge full fees for everybody and make more money?—Of course the whole thing is wrong there.

1137. But that is the logical conclusion of your point I think. The point I want to make is this, that if you have a fully trained nurse, you are entitled to certain fees; if you have a nurse who is not fully trained, you are not entitled to ask the



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same fees from the patient, and the patient and the patient's friends should be informed to that effect?—My point is that these people are extra to my nursing staff; they are not nursing the patient; they are simply seeing that she does not get out of bed.

1138. They might presumably wash the patient?—Yes.

1139. And do the patient's hair, if it was a woman?—Yes, they do that.

1140. They are practically doing all the work that a trained nurse will do, speaking generally in a senile case, unless it is a catheter case. There is very little work to be done. Well, I know what your fees are now.—I think every nurse in a nursing home who is in charge of the ordinary patients, the acute patients, or any patient except a bedridden one who cannot be left at all ought to be fully trained. The only reason that there has to be anybody with that particular patient is because she might get out of bed.

1141. And you think that fees should vary with the rent, size, position, equipment and luxuries of the house?—Yes, I think they must.

1142. Do you not think that is a matter for the matron or owner of the home themselves? They are supplying a public need and if they can get 20 guineas a week, should they not get it?—Yes, so long as people get what they pay for.

1143. Exactly. If they can get 20 guineas a week, should they get it?—Yes.

1144. You must not decide entirely upon the size or the rental of the house. I think that is simply a business matter between the owner and the public?—Yes, I think that is true.

1145. The nursing staff must be properly looked after, and there must be proper accommodation. I quite understand that. You say, "I also consider that in a list of registered nursing homes there should be a separate list of homes suitable for old people and chronic cases who do not need highly skilled attention." Do you not think it would be rather awkward to carry out the administration?—I think it would be very difficult.

1146. Very difficult indeed. Take the case of a good class surgical home which might have one chronic case in for a permanency, as so many of them do to pay the rent; are you going to call that a registered and an unregistered home? Are you going to have the two qualifications?—No, I did not mean that.

1147. So perhaps you would not stick to having a separate list of homes?—At the same time it is very difficult for people who are very poor and must go somewhere.

1148. Why not still call them registered nursing homes?—Yes; I want them to be registered, but I thought they were to be of a different class.

1149. Could we make any difference in the name, because the people going there might be acute abdominal, and they might be met with "we do not take surgical cases; we only take chronic"?—I think they would not be so highly trained.

1150. Your idea is that all these lesser trained women should be herded into special nursing homes of their own and not allowed to go into a good class nursing home, a surgical home?—I do not think that is exactly what I meant.

1151. I would like to know what you do mean, because that is the way it strikes me from the report I have. Could you explain what you really did mean?—It is rather difficult to explain, but so long as the head of that home was a trained nurse, I should hardly have thought it was necessary to have any fully trained ones under her. They do not want so much nursing, but they want a happy home.

1152. That is in the home for the chronics?—Yes.

1153. But you do object to them being called registered nursing homes like a first-class surgical home?—I do not mind them being called nursing homes so long as people understand that they are not equipped for acute cases.

1154. As regards that, you would tell them that naturally, or you should do?—Yes.

1155. You think there are such homes where they would take in an acute abdominal and chance it if the doctor would send it in?—I cannot say about that.

1156. I should think you would find in a home like that they had no theatre and they could not take in a surgical case at all?—Probably.

1157. Who do you think should be the licensing authority to register these nursing homes? By whom should it be done—the local Council, the County Council or the State?—Certainly not the local Council. I think it would tend to much unpleasantness, do not you?



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1158. In what way?—I think it would become too personal. They would know too much and it would tend to gossip would it not?

*Dr. Vernon Davies.*

1159. I take it that the best class nursing homes would welcome registration?—I think so.

1160. They have nothing to hide and it would give them a status straight away?—Yes.

1161. So that the best homes would be in favour of registration?—Yes.

1162. Do you think that the owner must always be a trained nurse—I do not mind either lady answering?—The head of it?

1163. I do not mean the head; I say the owner?—The owner in my case is a doctor.

1164. I know of a particular case where a greengrocer, to add to his income, has started a nursing home and put a fully-trained nurse in charge, and has a competent staff under her. Do you think that should be allowed?—No; it must be either a trained nurse or a doctor.

1165. That is to say, no private individual should be allowed to be the owner of a nursing home?—Certainly not.

1166. I take it that you object, if the home were registered, to having a certificate of registration hung up in the lobby for people to know it was registered. Why? What is the objection?—It takes away the atmosphere of the home. It does not make it a home. It makes it an official institution.

1167. That is the whole point. There is to be a certain amount of control over these homes; that is the purpose of this Committee?—Quite, but it need not be obvious in the hall, need it?

1168. Why not? What is the objection? You have a licensed certificate properly framed which would look as well as several pictures on the wall; you would not approve of that at all?—Not at all.

1169. Then how would the people know?—They would come into the office.

1170. You would have it put up in the office?—I do not mind it in the office.

1171. It is simply the hall that is the objectionable part. You do not mind a certificate framed and put up?—I think

anything that takes away from the "homeyness" of the place would be a great mistake.

1172. Would you have any objection to a certificate, as a certificate, being framed and put up somewhere else?—Not the slightest, so long as it does not show.

1173. You say you object to advertisement?—(Miss Crookenden.) That is mine; yes.

1174. You say in your statement with regard to Section 7 of the Bill, "This savours of advertisement. No well-conducted nursing home needs any advertisement." I presume you mean advertisement in the papers?—No. I think a label on the door such as they say in the Bill "clearly described outside as a nursing home."

1175. You object to that?—Yes.

1176. It is very common, is it not?—No; not with the best class homes, I think—I do not know.

1177. Well, I know some very good class homes that have it?—(Miss Scott.) I have not noticed.

1178. You really object to a brass plate?—(Miss Crookenden.) Yes, and another thing also, you might not be allowed to have it.

1179. Why not?—The old convention might not allow it. You are not allowed to have it on a house unless it is professional, and nursing at present, in a court of law, has not been decided to be professional.

1180. That only applies to certain districts?—It only applies to certain districts, but it does apply to our district, because there was a great fuss when a doctor put up a plate.

1181. That is purely local?—I suppose it is, but I suppose there are other places as well as mine where it applies.

1182. The law of the land can always overcome local peculiarities, presumably, cannot it?—I suppose so.

1183. If it were the law of the land, would you object to a brass plate?—Yes, I should dislike it intensely.

1184. How are people to know that you have a nursing home?—Well, one does not take in promiscuous people who come along looking for a nursing home. The doctors send the patients, and the doctors know the home.

1185. And so you would depend for your supply absolutely on the doctor?—On the doctor and on the patients themselves who recommended us to their friends. If they know they have to go



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to a nursing home, they would say, "you go to such and such a home."

1186. So really you are taking recommendations from anybody?—Anybody that knows us.

1187. If I wanted a rest cure and you took such cases and I came down to your town and went to the hotel and asked somebody in the smoking room "Can you tell me of a home" and he said "I can; I know of such and such a home," would you think that is a recommendation?—Provided you were recommended by a doctor; I have no patients other than those recommended by a doctor.

1188. So practically all your cases are recommended by a doctor before they come in?—Yes.

1189. There is a point which is not in your evidence on which I should like your opinion. What evidence have you that the nurses you have are fully trained? Do you ever see their certificates?—I see their certificates and I write to their training school also. (Miss Scott.) Most of mine I trained myself when I was in hospital, and as to the others I invariably write to the matron.

1190. But do you actually see the certificate?—I have not engaged many, but I should see it. I have I think only had to engage two nurses that I did not personally know.

1191. The reason I ask is because one lady we have had here did not approve of that; she did not think that you should ask the nurse to show her certificate, and most definitely neither the doctor nor the patient should ask to see it. That is in some cases the only safeguard a patient or the relatives may have that a particular nurse is a State registered nurse?—It is not really necessary to see the certificate if you have written to the matron of the training school and asked the definite question whether they were awarded a certificate, is it?

1192. Have you ever heard of impersonation?—Yes, but not from the matron of the training school.

1193. No. What I mean is a nurse may come to you and say she is so and so?—Oh yes, they have been to me.

1194. They have been to you and said they are so and so?—Yes.

1195. And they may not be the person whose name is in the certificate?—Oh, I see.

1196. There may be a Miss Mary Jones who received a certificate in a certain

training school, and Miss Jennie somebody else may come down and say "I am Mary Jones." You cannot check her tale?—At that rate you must see her birth certificate, because they might just as well have stolen the certificate.

Dr. Vernon Davies.] If she has stolen it, you cannot get over it in that way of course. When you come to a stolen certificate I cannot contradict you, but my point is that a little more care should be exercised by matrons in seeing to the qualifications of the nurse they are engaging, and I have an idea that perhaps there is room for a little improvement in that respect.

Mr. Cecil Wilson.

1197. In your opening statement I think you said you would have the homes registered on different levels; what did you just mean by that?—I think that was only when I was mentioning the two classes—not in my opening statement.

1198. Which do you refer to?—That was with reference to the question whether there should also be a list, I think I said, for the old chronic people who just wanted a sort of looking after.

1199. You laid some stress on the inspection being made by persons officially appointed by Government. I can quite appreciate your objection to the local Council, more particularly in the case of a really good home, but supposing there are homes which are not really good homes and the Government inspector is only coming down at somewhat long intervals, whereas the local inspector is more or less on the spot, do you not run very considerable danger of the bad ones escaping that inspection that they ought to have?—It is difficult to say, but I do not think the local people should inspect; I am sure it would tend to a great deal of difficulty; it might be a County inspection.

1200. When you refer to homes of bad repute does the evidence in regard to that come to you from nurses whom you have had under you?—I do not think I have had much evidence from nurses; what I heard had been mostly from patients, but not about any definite home than I could name.

1201. No; quite?—One is constantly hearing about homes that are not desirable. Nearly every patient that comes in has got something of the sort to say, but I cannot give any definite case.



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1202. The statements which they have made applied both to the moral character and to the sanitary arrangements?—I have not heard much about the immoral ones, but I very often hear that the sanitation is not good, the food is not good, and the beds are not comfortable—that sort of thing. Also that the nurses are not properly housed, and therefore do not keep well and do not get their proper sleep; I have constantly heard that.

1203. You have a paragraph here, Miss Crookenden, dealing with sanitary conditions where you say “when negotiating for buying a nursing home it was significant that on each of my visits of inspection it was ‘inconvenient’ for me to see the sanitary arrangements.” That I suppose is just one case; have you any other cases of the same sort?—(Miss Crookenden.) No; that is just the first home I went to, when I was thinking of taking one on.

1204. Supposing that the State registered nurse was making an inspection of the home, would you just go over a home and say what it is that she would inspect?—I think that she would see the rooms, of course, first and she would judge by the way they were kept and as to what apparatus there was for dealing with the cases from the nursing point of view; she would be able to inspect the nursing in that way. Then as to the theatre, of course she could tell by the way that was equipped as to whether it was sufficient, whether there was everything there that would be required, and the general atmosphere of the whole home. The kitchen department of course she would look into and see where the food was kept and where it was prepared; the maids’ quarters and the nurses’ quarters.

1205. Would you have her make any enquiry from patients at all?—I do not think that is good. It is not a public institution really and if I were a patient and anybody came in to ask me about it, I should be extremely annoyed I think.

1206. You say in your last paragraph dealing with Section 5 of the Bill, “No information as to the name or complaint of a patient should be required. The confidential relations between the patient and the home must be maintained,” and so forth. Section 5 says “The Minister may make regulations prescribing the form in which the register is to

be kept under the Act, and the particulars to be entered therein with respect to the patients received and the persons employed at a nursing home.” Is it the whole of that that you take exception to?—I think that the details that they want in that register ought to be very carefully given. I do not think the patient’s name or address or complaint should be put in a register that is open for inspection. It will kill the life of the nursing homes, because the patients are there because they do not want people to know what is the matter with them, and I do not see honestly that it makes very much difference to anybody else what is the matter with them. I do not think that they ought to know the patient’s name, or address, or their complaints.

1207. Supposing there is reason to believe, in regard to some home, either that they are having more patients than really is desirable in consequence of the size of the rooms, or that the staff is insufficient—I am not thinking now of the better homes; I am rather thinking of the other ones—how are you to guard against that?—Well, you can have down the number of patients in the rooms that are available, the number of beds that they have, and you can have a register of the number of patients in the home at the time.

1208. But if you have not got their names, but simply say, there are six and there is nothing to identify them by, is not there some danger?—I do not see that there should be. Are you meaning the time for fumigating in between, and that sort of thing?

1209. I was not thinking of that. I was thinking this: Supposing you have accommodation in the home for half a dozen people and there is a complaint which comes to the State registered nurse, or whoever is carrying out the inspection that there are times which instead of having six there are eight at a time in the home, and there is not really room for eight, how are you able to know that that is so unless you have actually got the names of the patients there?—Well, you could put down the initial, the date they come in, and the date they go out; that would be sufficient, without having the name or the address or the complaint, would it not?

1210. Yes; something of that sort would cover it. Then with regard to the



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number of persons employed, nurses and so forth, is there any objection to that?—No, not a bit.

Sir Richard Luce.

1211. With regard to this register question, I take it that you do keep a register practically on those lines now?—No, I do not keep any register beyond my own private book with the patient's name and address.

1212. I mean your own private register?—Just the names and addresses, that is all.

1213. And also what has happened to the patient whilst he has been in there?—No.

1214. Is there nothing of that sort kept in the home at all?—No; I do not keep anything at all.

1215. Is that so with you, Miss Scott?—(Miss Scott.) We have a case book. We have our own night and day reports written out.

1216. The doctor can probably look back at everything and see all the particulars about the case?—Yes. There is a report written on every patient every morning and every evening; that is available also. A bad patient has a case book and a special nurse. They always have a case book and everything is written down. (Miss Crookenden.) Of course I have that, but I thought you meant a register of the patients that came in, what was the matter with them and when they went out. I have always a report written every night and every morning.

1217. There is a record of that kept which would be available for an inspector to see if it was necessary?—Well, I do not keep them for long, because they take up a lot of room. I usually throw them away some time after the patient has gone out. (Miss Scott.) I always keep a large register with the name of every patient that has ever been in.

1218. I thought that was the usual custom; you do not have that, Miss Crookenden?—(Miss Crookenden.) No, we have not.

1219. You were speaking about having a nurse inspector. You spoke as if you would be content to have any registered nurse to inspect you who had had six months training in the matter. Is it not rather that you could not possibly expect to have anybody, or you would not admit having anybody who was not a very

highly trained nurse to inspect a matter of this sort?—I imagine of course, that she would be a woman of some experience, as a State registered nurse.

1220. You want her to be of the status of the State registered nurse from your experience?—Well, somebody who has had some hospital experience, or some experience of running a hospital anyway.

1221. Would it not have to be at least a matron's experience?—A hospital or a nursing home. You do not want somebody direct from the training school.

1222. Miss Scott, having been a matron of a hospital yourself running a hospital, you would not be content to be inspected by anybody who was not at least of the standard of yourself?—(Miss Scott.) That is so. She would want the various certificates. She would want a housekeeping certificate, I imagine.

1223. She would want experience?—Yes, considerable experience.

1224. That brings me to this question: Who do you consider should be the authority for inspecting these homes? There are three possibilities, I take it; one is that it should be a State question, the second is that it should be done as is now likely to be the Act, as far as Maternity Homes are concerned, by the County Councils and Borough Councils, and the third possibility is just any local authority; which of those would you favour?—The State one if possible.

1225. On what grounds? You have stated already that you do not want too much local inspection?—Yes, but even in the county sometimes it might be awkward. I should say it would be very much better from London, from the State.

1226. You realise that this would mean setting up an entirely new machinery?—Yes, of course. I do understand that. I should think the County Council one might be all right if we could not have the other.

1227. What are your views about that, Miss Crookenden?—(Miss Crookenden.) I think the best would be the State; failing that I should have said a County inspector for the whole of that County.

1228. And Borough; of course, it comes to that. There is no right in any case for a County to inspect a County Borough.—That would be local again, would it not?

1229. That would drive you back on to the Borough at any rate. You would be content with that?—It would make end-



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less difficulties. (Miss Scott.) Yes, of course it would.

1230. The next point that I wanted to ask a question about was with regard to the custom of informing patients of the fees before they go into the institution; what is your custom in that matter?—People nearly always come to see me first and I tell them exactly what choice they can have of rooms.

1231. And tell them what the extras will be?—If they want to know. Sometimes they do not care, but as a rule they come to me first.

1232. Have you a written scale of fees?—Yes.

1233. Giving full particulars?—Yes.

1234. Is that your custom too, Miss Crookenden?—(Miss Crookenden.) I have not a written scale of fees. I tell them when they come to me they can have rooms from 6 to 14 guineas a week, and what are the extras.

1235. They get full details?—They get full details if they ask for them.

1236. Then I think you referred to the list of registered homes. Do you mean that to be a sort of advertised list or are you content that they should simply be in the register? The register will, of course, be kept by somebody.—(Miss Scott.) I think in most towns there is a list of nursing homes.

1237. Do you wish it to be made available for the same purpose?—Yes, I think it should. They can see now what nursing homes there are in a town in the directory; if there could be a list of registered ones they would know they were safe.

1238. That could be added?—Yes; I did not mean it to be extra.

1239. You have not any idea that there should be some definite authority who should keep this list to whom people should be able to apply?—I simply meant that they would be able to put in the local directory the registered homes.

1240. With reference to that, you said that there should be two lists?—I think perhaps I may have been wrong over that.

1241. Then on the question about nurses, you would not admit that probationers should be taken into any nursing home?—I cannot say that because I have four probationers myself. They dust the rooms and they carry the trays, and they answer bells.

1242. What are your views about that, Miss Crookenden?—(Miss Crookenden.) I think for a medical, surgical and maternity home, there should be only fully trained nurses.

1243. Do you consider that in the present state of nursing there are enough fully trained nurses to staff all these homes and to do all the other work which is necessarily done by a trained nurse at the present time?—I can only say that whenever I have advertised or wanted nurses I have had absolutely no difficulty in getting them. I should have said there were enough to go round.

1244. I take it that your home is probably one of the rather expensive homes?—I have beds from 6 guineas to 14 guineas a week; not over.

1245. There are many homes in the country, of course, which do not charge as much as that. Would you consider that it would be possible to charge a much lower rate than the one that you are speaking of if you had none but trained nurses; if you did not permit the use of probationers? Is it not one of the greatest causes of your comparatively high charge that you do in your particular home employ all fully trained nurses?—I do make a point of that. I always tell the patients when they come that I have no one but fully trained certificated nurses in the home.

1246. You could not run the home at the rate which you do if you——?—I dare say I could run it, but I should make very little money; it would not pay very well.

1247. What I mean is, you could not charge less than you do at the present moment. What are your views about that, Miss Scott?—(Miss Scott.) Our fees are not so high; they are from 7 guineas to 11 guineas. I do not say that we do make a very enormous amount by it, but then we have 18 rooms. (Miss Crookenden.) I only have 12. (Miss Scott.) That make all the difference.

1248. But you will admit that if it was generally laid down as a rule that probationers could not be employed in nursing homes it would greatly increase the expenses?—No, I do not think it would make very much difference. I simply have probationers because the home is very large, and it is extremely tiring for the trained nurses to run about to do all the odds and ends.



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1249. But you would have trained nurses to run about doing all the odds and ends. That brings me to another point. Do you think that it is difficult to get trained nurses to do a good deal of the work?—No; I think they would do it. I should probably have more servants as a matter of fact.

1250. What would the difference in cost be to your institution, as far as you know, if you had fully trained nurses right through?—I do not think I should have more trained nurses. If I had anything I should have more maids, and I think the probationers are much easier to manage, they do not do any nursing; they simply carry the meals, etc.

1251. It is of course at the present time very little help towards their training?—It is no help, or practically none. They go on to the hospitals.

1252. It is breaking in, but it is not training?—That is so.

*Chairman.*

1253. What is the fee of a trained nurse as against the fee of an untrained nurse per month, or however they are paid?—My fully trained staff begins at £70, and my senior sister has £100; they go up £5 a year.

1254. Those are trained?—Yes.

1255. £70 to £100 for trained. Supposing you had an untrained one or a probationer; what would she get?—A probationer gets £20 a year, but they do not rank in any way as trained nurses.

1256. Is there anything between the probationer at £20 a year and the trained one at £70 a year?—No.

*Dr. Shiels.*

1257. I think you ladies will understand that we are specially interested in getting from you evidence in regard to this point that General Luce and the Chairman have been asking about. I suppose you know that there are many nursing homes where probationers do have actual nursing duties, although others may not have?—I do not know about probationers, but I know there are untrained nurses.

1258. That is the same thing for this purpose. Do you know whether in many cases these untrained nurses or probationers are not aware that the work they are doing is of no value to them in

the way of getting a diploma or certificate; that they may go on for a year or two years thinking they are being trained to be nurses and then find really that it is a blind alley?—Mine are quite aware of it, but they are not in any way ranking as nurses and they know that.

1259. Do you not think in view of the hiatus which the Chairman brought out that any system could be devised where in at any rate some nursing homes the time put in could count as part of the time towards their certificate?—No.

1260. Take your own home, for instance. You are not modest enough to believe that your training would not be very helpful in some way?—But I do not give them any training.

1261. I know you do not, but supposing your home was run with a definite number of probationers, you could give them training?—No.

1262. Do you mean to suggest that the work that an unskilled nurse—leave out the word “probationer”—does in a nursing home is of no value to her in her general training?—I suppose it might help her to a certain extent, but very little.

1263. If she was working under the supervision of a State registered nurse with a definite quota, do you not think that she would in many cases get very substantial benefits in the same way as if she was in a hospital?—I do not think so, because she has to go through her course in the hospital whatever happens, if she is going to get her certificate.

1264. Under the present system I know that is so, but I am just asking if you do not believe that part of this nursing home problem might be assisted in that way?—I do not think so. They would only get a smattering and that is dangerous.

1265. In spite of all that has been suggested, you still stick to the idea that it is practically full-time nurses?—Yes.

1266. And fully trained nurses?—Yes.

1267. And your probationers really are maids?—Practically.

1268. With a high sounding title?—Well, with a low salary.

1269. Have you any experience of cottage hospitals; do you know anything about cottage hospitals?—A little.

1270. Are you satisfied with the conditions that you know of there as regards nursing?—I really do not know at the present day enough about it to give an



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opinion. (Miss Crookenden) I was Matron of a cottage hospital before I went to Cambridge.

1271. How are they off for nursing?—It was beginning when I left 12 or 14 years ago to get difficult. You had to take nurses at a younger age, but now I think it more easy, because I think a good many of them are affiliated to a larger hospital; they go on to a larger hospital.

1272. But still it does not count even then towards the training?—I am not really quite sure about it.

1273. But they would get an easier entrance?—They get experience of course. (Miss Scott.) I think two years in some cottage hospitals counts as one, if they are affiliated with a big hospital.

1274. That is the point I am getting at. Do you know of any actual case like that?—I believe there are two hospitals near Brighton.

1275. Half the time counts?—Yes. I believe if they are in a cottage hospital for two years that is affiliated that counts as one, but I am not quite sure.

1276. Would you be in favour of the cottage hospitals being inspected in the same way as nursing homes, unless they were under the local authority?—They are all under committees, are they not?

1277. They are under voluntary committees, but is your experience of these cottage hospitals that these voluntary committees are able to exercise the necessary supervision over the nursing, the maids, the sanitary arrangements and so on?—As far as I know, all committees in hospitals are voluntary, are they not?

1278. Apart from the local authority. You see, big training hospitals are in rather a different position. It has been put to us sometimes that the cottage hospital has not night attendants and trained nurses, and so on, and some of them are rather unsatisfactory; you cannot say anything about that?—I do not think I am in a position to give any information upon that.

1279. Supposing we came down to the idea that a certain number of trained nurses only were necessary, but not all trained nurses; that some untrained nurses might be taken; what do you think about the ratio? Supposing we asked you to say what should be the minimum number of trained nurses, what would be your opinion? Supposing

you regard all the nurses trained as being the ideal, what would you regard as the minimum to make an effective nursing service in a nursing home? Perhaps there might be differences in medical and surgical homes; have you any standard?—I do not think I have, because I do not think it would be right.

1280. You have the system in hospitals, have you not? A person goes in there knowing just as little as your probationer would know going into a nursing home?—But these people pay a large fee on purpose to have skilled attendance, do they not?

1281. I know, but at the same time is it part of your argument that people in general hospitals do not get skilled attendance?—They are constantly looked after; they are all in one room and they have a Sister and one or two trained nurses; that is a different thing, is it not?

1282. No; it is the same thing. They would have trained nurses in the nursing home to supervise. I am just asking if you have any standard or ratio which would make for efficiency?—I do not think I can give that.

*Chairman.*

1283. Would not Miss Scott's own staff help you; her standard would be exactly what her own staff is?—I know what my standard is for my own place.

*Dr. Shiels.*

1284. Miss Scott's standard is fully trained nurses, but she has four probationers who are not trained?—I do not count them as nurses.

*Chairman.*

1285. You have four probationers; how many trained nurses have you?—I have six fully trained nurses.

1286. Six fully trained nurses, four probationers and yourself?—And myself, but I do not do any nursing.

1287. For 18 rooms?—But you must remember that many of those 18 have special nurses in.

1288. How many of those are there?—I cannot tell; it depends on how bad the cases are. My nurses generally have three at the outside each, if they are not acute cases.



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Dr. Shiels.

1289. That is a different point, but it is a very important point. Supposing you have 12 patients in a nursing home, how many trained nurses should you have—six?—I should have to have five. Miss Crookenden has 12. (Miss Crookenden.) I have 12 rooms. I have a Sister on day duty, six fully trained nurses on day duty, and two fully trained nurses on night duty always. If any of those patients are so ill that they have a special nurse then one of my nurses who only has one patient, she goes and relieves the special nurse and helps her with her patient, with the nursing, the lifting and that sort of thing.

1290. Take the large surgical homes, do you suggest that there should be rather more nurses?—No; I think one nurse to two patients is ample—fully trained.

1291. Whether surgical or medical?—Whether surgical or medical. A maternity case always has her own special nurse, who does nothing else but the one maternity patient.

1292. That is to say, in practically all the better class nursing homes, if a maternity case is admitted, then it has a special nurse?—Yes.

1293. What is your idea about nurses' hours in nursing homes; have you any knowledge or belief that nurses' hours are excessive in nursing homes?—(Miss Scott.) I fancy they are sometimes. My nurses come on at eight in the morning and they have three hours off duty; they have a half-duty once a week and a whole day once a month.

Dr. Vernon Davies.

1294. But how many hours in the day would they be on and off?—They come on at 8 and have three hours, and  $2\frac{1}{2}$  to 3 off duty; they go off at half-past 8.

Dr. Shiels.

1295. Half-past 8 at night?—Yes. Of course, it is not the same rush as hospital work always.

1296. But fairly long hours?—Yes.

1297. They have 3 hours off, but still they are continually on duty?—Yes.

1298. Do you consider it would be better if they had shorter hours?—They are quite content.

1299. What are yours, Miss Crookenden?—(Miss Crookenden.) Mine are the same.

1300. I am not asking so much about your own homes, but what is your idea

of the standard of nurses' hours, which might have to be considered by the inspecting authority as to whether they are satisfactory or not?—I think so much depends on how many patients each nurse is responsible for. If she has got three or four patients to look after, then I think the hours from 8 in the morning till 9 at night might be rather long, but if she only has two I do not think it is too long.

1301. Do you not think that there are other considerations, apart from the patient; after all she is on duty all that time?—She is on duty, but a great deal of the time is spent in the duty room, either doing her own work or writing letters or reading.

1302. Do you really suggest that the case you gave, 13 hours a day in some cases, is quite reasonable?—Well, they have their off duty time for their meals, they have their three hours off duty for recreation, and going out if they want to; I have never heard a word of complaint from them as to being overworked.

1303. You think that quite reasonable?—Yes.

1304. What about night nurses; when do they go on? I do not mean in your own case; I mean in normal practice?—I do not know about other homes; I only know what my own do. They come at 9 and they go off at 9.

1305. I do not ask you specially in your case, but I am glad to have it?—(Miss Scott) Mine come on at nine and go off at half-past eight. That is the trouble in all hospitals; the night nurses' hours are long. There again, they are not working all the time.

1306. It is very much a matter of chance, of course; sometimes they are working very hard?—Yes.

1307. Have you any experience of other nursing homes in regard to the feeding of the nurses? Is it your opinion that nurses usually get as good food as the patients?—Oh no, not quite the same food. I think of its kind it should be as good.

1308. You think it is a ridiculous suggestion that they should get as good food as the patients?—I do not think a well person wants the same food as an ill person.

1309. It might be a different kind of food, of course?—Of its kind I think it ought to be as well cooked and as much variety as possible.



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1310. Is your experience that nurses are well fed in nursing homes?—I do not think they always are.

1311. Of course, you always come back naturally to your own case, but I am not concerned about that so much. You have had a long experience; what is your general view?—A good many times I have heard that they are not, but I can give no definite case.

1312. Have you heard complaints about the great monotony in the diet very often?—Yes, I have heard that.

1313. Is there generally a qualified cook kept in nursing homes?—Not certificated, I should think; mine is not.

Dr. Vernon Davies.] What do you mean by a qualified cook—National School of Cookery certificate?

Dr. Shiels.] No, I do not mean that. I do not mean any exact academic qualification, but I suppose that it is possible to discriminate, although I should think it was a fine task, between a qualified and an unqualified cook.

Dr. Vernon Davies.] You mean competent or incompetent.

Chairman.] You are carrying this examination rather far, Dr. Shiels.

Dr. Shiels.

1314. Perhaps I had better drop that I think you said, Miss Scott, that your home was a doctor's home?—He owns it and he does a lot of work in it, but that is all.

1315. Do you know anything about doctors' homes generally, apart from your own?—No, I really do not.

1316. Have you found that in homes owned by doctors there is a higher standard of nursing than there is in other homes?—I know nothing about it, I am afraid.

Dr. Shiels.] I meant in regard to some of Dr. Davies's suggestions.

Dr. Vernon Davies.] Apropos of what?

1317. Of the standard of nursing in doctors' homes. What is your opinion, Miss Crookenden?—(Miss Crookenden.) I have never worked in a home owned by a doctor, nor have I had anything to do with them.

1318. Would you be in favour of exempting doctors' homes from inspection?—No; I think they should be registered.

1319. Is it not the case that the nurse's salary, even with such extreme diver-

gencies as have been stated, is a relatively small charge in a nursing home compared with your standing charges for rent, food and general staff?—(Miss Scott.) I think our salaries come to a pretty large sum.

1320. You consider that the nurse's salary is of great importance?—They are entirely kept; their laundry is done; they have no expenses. I think really the salary is very good.

1321. Supposing she were unqualified or not fully trained, it would cost just as much for laundry and she would eat as much and have the same accommodation and so on?—Yes.

1322. So that as regards the difference between trained and untrained, many of these items would be the same?—Yes.

1323. Then with regard to your point about the supervision over charges, do you find in many nursing homes where the fees are pretty high that the efficiency of the home is not correspondingly high?—That is what one hears constantly. They pay very large fees and they do not get their money's worth.

1324. In regard to the argument which was put forward as to it being a purely commercial transaction between the patient and the proprietor of the home, is it your view that the patient or his relatives are not in a fair bargaining position, because they can only judge by appearances, which are not a true index of the value of the home; therefore there should be some margin of charge?—Our margin of charge, speaking for my own home, is simply the different sized room and the different aspect of the room.

1325. You seem to suggest that the inspecting authority should be able to take into consideration the prices charged for these things, whatever they were; is not that your evidence?—Yes, I suppose so, but I do not think the charges are so important as the general efficiency.

1326. But you do think it is of importance?—Yes; I think some homes do charge unnecessarily much.

Major Price.

1327. You, I take it, are all in favour of the registration and inspection?—Absolutely.

1328. Of all nursing homes?—Yes.

1329. How far would your inspection go—to the suitability of the premises for a nursing home, both the size and number of its rooms, according to the number of patients?—Yes.



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1330. You would inspect the house and limit the house to a certain number of patients according to the number of rooms it has?—Oh certainly.

1331. And its general sanitary appliances?—Yes.

1332. Then with regard to the staff, would it meet your view if there was an adequate and fully qualified nursing staff according to the number of patients in residence, or the number of patients which the home could take?—It would have to be the number that the home could take, because you could not vary your staff; you must have a certain staff and then add to it occasionally—I mean, get in a private nurse if you were too busy.

1333. You would grant your licence to the nursing home provided that it had a certain number of efficient staff?—Yes.

1334. Then would your inspection go into the hours of work of the nurses?—I suppose so.

1335. And the salaries of the nurses?—I think they should inquire into everything.

1336. And the fees paid by the patients?—Yes, I suppose so.

1337. And the quality of the food which the patients would get?—Yes.

1338. And which the nursing staff would get?—Yes.

1339. And as to the general equipment, from a nursing point of view, of the nursing home?—Yes; everything, I think.

1340. Do you think that a fully qualified matron would be able to go into all those different forms of inspection, or would you want different classes of inspectors?—I should think it might be a doctor as well.

1341. Take, for instance, a sanitary inspection; you would want a sanitary engineer to take up the question of drainage and the adequate amount of water supply?—I should not think that would be necessary.

1342. How else would you do it?—They could see whether the places were airy and so on.

1343. How could they see whether the drains were properly sanitary, for instance?—I should have thought the town would see to that.

1344. You would have to have an inspection by somebody other than the matron?—Of course, no doctor and no trained nurse would be able to inspect them, would they?

1345. That is what I mean?—If that is necessary they could not do it.

1346. In your statement you say: "All homes could not be expected to make the same charges, owing to the great difference in rental, size, position, equipment and luxuries, but there might be a scale of approximate charges." What do you mean by that?—I think what I mean is this: some homes charge very many things as extras; other homes include them all.

1347. Would it meet your view if before a patient entered he were handed a printed scale of charges showing exactly what was covered by those charges?—Yes, but I think it would be as well if they were all run on the same lines. If there were to be no extras, or if each home charged the same sort of things as extras, it would be better, because a patient going into a nursing home does not in the least know what he ought to pay as a rule.

1348. But with the different classes of nursing homes, as you say, there would have to be a great variety of charges because of the great difference in rental, size, position and luxuries?—That cannot be standardised. I simply meant that those charges should include everything, except druggists bills and that sort of thing.

1349. But it would be almost impossible for the State to lay down what the charge should be, would it not?—They cannot; I know that is impossible—only what it should include.

1350. With regard to the different classes of nursing homes, supposing there was only attendance required to certain chronic cases and senile cases, would you be in favour that as long as there was a qualified nurse or a qualified matron or qualified person in charge of the home, unqualified attendance could be used?—Of course it depends on the size of the home, does it not? I think perhaps I ought to take that back. That second list does not seem quite advisable.

1351. You say: "For the sake of the profession there should be a high standard maintained, and this is impossible as long as anyone is allowed to start a nursing home as a business proposition and there is no guarantee that either the matron or nursing staff are trained for the work which they undertake to do." Do you mean there that nobody should start the business of a nursing home



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except a qualified matron or a doctor?—  
(Miss Crookenden.) Yes.

1352. Although they are starting it as a business proposition?—Yes, because they do not in the least know what is necessary.

1353. But I might start an hotel, and I have not the faintest notion how to run it, but I should engage a manager who did. What objection is there to anybody if they have adequate capital supplying a nursing home, equipping it properly and putting in a fully qualified matron and complying with the registration, and the law with regard to registration, as it might be?—What I meant more was this: I did not mean anybody away from the place when there is a fully trained matron running the home for them. The home I was thinking of in particular was owned by somebody who was not fully trained and being run by her.

1354. Do you mean that nobody should be in charge of and running a home who is not properly qualified?—Yes; that is more what I meant.

*Chairman.*

1355. Miss Scott, on the question of drainage, do you have your drainage inspected every year?—(Miss Scott.) No, I do not think we do.

1356. Do you, Miss Crookenden?—(Miss Crookenden.) About once in two or three years; I think it is once in three years.

1357. You get a certificate?—Yes—just get someone to look at it and see if it is all right.

1358. I should suppose that would be sufficient in all the circumstances. If we said that homes should be registered, one of the conditions would be that you would have to have an inspection at regular intervals and certificates to that effect, and that would cover the drainage question?—Yes, just to make sure that they are all right.

1359. In your experience how large do you think a nursing home should be for one person to manage it efficiently—is 18 beds quite enough?—(Miss Scott.) Yes.

1360. You could do more?—I could do more.

1361. Would you do 25?—Yes, if the place was built accordingly.

1362. If it was a suitable building?—Yes.

1363. You would not go larger than 25 perhaps?—Yes, I think so.

1364. I am just trying to get an idea of what in your view is the right size for a nursing home?—I should think 25 would be quite large enough.

1365. What do you think, Miss Crookenden?—(Miss Crookenden.) I think it all depends how much work and how much responsibility you want. Personally, nothing would induce me to have one larger than 12; it is quite as much work and responsibility as I want to tackle.

*Sir Richard Luce.*

1366. What about a private hospital?—I was thinking you would have the matron of a private hospital with many more beds, I suppose.

*Chairman.*

1367. You refer to medical, surgical and maternity cases all being in the the same nursing home; do you think that is a good plan?—I think the ideal is for the maternity cases to be in a home of their own.

1368. That is just the idea that I have formed in the last fortnight?—I do take them in if they want to come, but I think they are much better in a home by themselves, and the surgical and medical people.

1369. You said you did not think the inspector, whoever he or she was, who came round to inspect the nursing homes should ask any questions of the patients, and you seemed rather strong about that?—Yes.

1370. Cannot he go in and say; "Well, how are you to-day; food all right? Comfortable"? and that sort of thing?—Yes, if he wants to, but I think it is a private thing and I do not think that you can go in and ask them as to whether they are looked after properly—I mean, it is their own concern, is it not?

1371. Some of them are shut up there more or less and cannot get out?—Oh, it is not a prison; they can go out at any time if they want to.

1372. They do not have much opportunity of ventilating grievances; I do not think patients are very often partial to ventilating their grievances to the nurses, are they?—They all can tell me. I always go in and ask them if there is



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anything different that they want, and if there is they say so quite happily, and I alter it if I can.

1373. Miss Scott, what do you consider is the largest single item of expenditure in running your nursing home; is it the staff as a whole?—(Miss Scott.) I suppose you would say the staff.

1374. Or is it the rent, rates and taxes, or the repairs, or the food?—There again I am not in a position to say, because I do not have to pay any rent.

1375. What do you think, Miss Crookenden?—(Miss Crookenden.) The nurses' salary first, provisions and then laundry. I have my accounts audited every six months, and those two are always in that position.

1376. Salary of staff is far away the highest?—Yes; that and the laundry are pretty close together.

1377. Then afterwards it tails off?—Yes.

Mr. Haslam.

1378. I should like to ask Miss Scott one or two questions about homes suitable for old people and chronic cases who do not need highly skilled attention and cannot afford the fees of an ordinary nursing home. You rather contemplate a second category of homes?—(Miss Scott.) Yes; I am afraid I was wrong in that; I have taken that back.

1379. You think there ought to be only one category of homes?—I think different kinds of homes are wanted, but I quite see that a registered list of that sort of home would be very difficult, although I do think they are extremely badly wanted.

1380. You do not think it would be any hardship if those homes, owing to the necessities of the case, did not come up to the standard of the better homes?—They could not come up to the same standard, could they?

1381. You would not think it would be any hardship then to refuse them registration and put them under a kind of stigma?—They could not be registered on the same lines.

1382. You think they might be registered, but in a different category?—That is what I meant. They would not be in the same category; you could not expect the same thing from them.

1383. You would agree it might be a hardship to these people, supposing that all these homes as a result of legislation

had to be shut up?—I think it would be a great hardship.

1384. Therefore, you would have a separate category for them with a lower standard of nursing efficiency?—They would have to be quite separate, but I quite see that it would be almost impossibly difficult; but they would still exist.

1385. But on a separate plane?—Yes.

1386. If I might just ask Miss Crookenden about the questions to patients, do you think it is possible, even though you would not desire it perhaps, if you are going to have public inspection by public authorities, to deny the right of the patient to make any complaint to the inspector?—(Miss Crookenden.) No. I think he or she can perfectly well say anything that they want to, but I do not think it is a good plan to go asking them questions.

1387. But you would not possibly think you could ever deny that right to them?—No. There is no objection; if they want to say anything, let them, but I do not think it is good to go asking them questions. (Miss Scott.) They might have the option.

Chairman.

1388. But on this question of the old people and the chronic cases, is not this one of the greatest difficulties that one has to deal with in the matter of nursing homes, so far as you know?—Yes, I know it is.

1389. Are not there the greatest abuses in these cheap places where people put their poor infirm hopeless helpless relatives away?—Yes; that is why I thought they wanted inspecting.

1390. You do think they ought to be registered?—I agree; I think that they ought to be registered, but I quite see that it would be terribly difficult. They could not be registered on the same lines.

1391. That is to say, you cannot require the same conditions from them?—No. They would not want an operating theatre, for instance.

Dr. Shiels.

1392. Do you not think if they are not able, or their relatives are not able, to pay to have an efficient nursing service, they would be better in the workhouse infirmary?—Well, I do most distinctly, but you have to get away the stigma somehow, or they will not go. I think



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they would be far better off, but it seems to me that there ought to be something between the two.

*Dr. Vernon Davies.*

1393. Miss Crookenden, I wanted if possible to view the question, not from the point of view of your own nursing home, but of nursing homes generally. I know it is very difficult?—(Miss Crookenden.) It is rather, because I do not know much about the others.

1394. I understood you to take a very strong objection to the case book; that the patients must not be known by anybody inquiring, or what is the matter, or what had been done. I want you to visualise a bad nursing home, a home taking in maternity cases having a rather unfortunate number of abortions or miscarriages. How are you going to check that, if there is no record kept, and during the year you had 12 cases of confinement and every child was born dead, or every case was a miscarriage, as may happen in some of these unfortunate homes? If you have no record, how are you going to check it, or find out the abuse?—I do not object to any record being kept, but I do not think the patients' names and addresses should be open to inspection by people coming in.

1395. I understood you to object to the nature of the complaint and what had been done; that there should be no record kept of what the patient was suffering from? I do not think the complaint matters so much, provided the name is not before it.

*Chairman.*

1396. You said you would have the initials, would you not?—You would know then whether there was an abnormal number.

*Dr. Vernon Davies.*

1397. You do not object to the diagnosis and treatment?—I do not mind the diagnosis, provided the patient's name is not before it.

*Chairman.*

1398. So that you cannot say it of a definite person?—So that you cannot say that "so and so is in the home, and so and so is in the home." That is what I think one should be careful over.

*Major Price.*

1399. Would you make a difference in what is put on this particular register in those cases where no doctor is in attendance?—I really do not know, because I have never had a patient without a doctor in attendance.

1400. Of course the homes really that we are getting at are perhaps those where there is one doctor to ten patients?—Yes.

*Mr. Cecil Wilson.*

1401. I would like to put this case. It is not a case that deals with your particular class of home, but it is the case that comes up to us here; a fully qualified midwife holding the C.M.B. certificate practises midwifery and owns a nursing home. For several years suspicion of malpractices in connection with this midwife; exceedingly difficult to get proof. Here is a case where the Medical Officer of Health and the woman inspector attempted to get something done. There were cases in which whilst they might go and see them in the home, if anything really needed doing, before action could be taken these cases had gone to an area outside and they could not trace them at all. If there is no name and no address, how are some of these undesirable homes to be got at? I am not speaking of your class of home?—I do not know.

*Major Price.*

1402. I take it your objection really is to having public inspection of such a register?—I am looking at it from the patient's point of view entirely. They go there for privacy. (Miss Scott.) Of course there would be the register in the home always.

*Chairman.*

1403. Taking into consideration the general value of registration and inspection for all nursing homes, would you not be able to sink that rather small difficulty?—(Miss Crookenden.) I only suggested that it wants to be very carefully compiled.

*Dr. Shiels.*

1404. Might I ask one last question. Am I right in regard to the hours for



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day-nurses, 8 in the morning till 9 at night, with 3 hours off?—(Miss Scott.) Half-past 8 in my case.

1405. With 3 hours off?—Yes.

1406. And the night-nurse, 9 at night to half-past 8 in the morning, with I suppose no time off?—Of course they do sit down a great deal.

1407. Then one half-day a week?—Yes, and a whole day a month.

1408. No difference on Sundays?—They get a little extra time.

1409. A little extra beyond the 3 hours perhaps?—Yes, to get out to go to church.

1410. What are the arrangements for holidays?—Four weeks.

1411. They get a month's holiday?—Yes.

1412. Do they get paid for that?—Yes; and the night sister gets two nights off a month.

*Chairman.*] Ladies, I should like to tell you that this is not a Committee as constituted by the House entirely consisting of male members. There are two ladies, members of this Committee, but they are not present to-day; I thought perhaps you would like to know that.

Thank you very much. We are extremely obliged to you for your very interesting and useful evidence.

(The Witnesses withdrew.)

Mrs. F. POTTS, called and examined.

*Chairman.*

1413. You are the Chairman of a Birmingham Hostel for Unmarried Mothers and Babies, are you not?—Yes.

1414. How long have you been acting in that capacity?—Since it opened three years ago.

1415. What were you before that?—I am still secretary for the admission of cases to another home for unmarried mothers and babies, where the babies are born in the home; I have been that for a good many years.

1416. Are you in the nursing profession, or anything of that sort?—Oh no. I am absolutely a private individual.

1417. I wanted to know whether you had any qualifications, because we hear so much about qualifications? None whatever. I am a member of the Council for the Unmarried Mother and Child.

1418. What is the nature of the evidence you would like to give us?—I am here really in the interests of the illegitimate child in view of the large death rate amongst them. A particular home came to my notice some time ago, in the latter part of 1924. A doctor came to me in the first place and told me that he had been asked to attend a case in this home. That doctor I have known for many years, and he asked my opinion about it. I said I should ask first for their qualifications and references. He did this and thereupon they said they had made other arrangements.

That made me feel a little uneasy, but nothing else happened at the time. Some time later it came to my knowledge that a girl had had a baby born in this home, and because they were unable to find £150 for the adoption of this baby, the girl had not been able to get her baby adopted and therefore applied to me for help. The person who gave me this information mentioned that there were several single girls in the home and they had all been able to find sums, and had been able to get their babies adopted. I felt uneasy and I made further inquiries, and I found that the woman was not a certified midwife. She ran the home with relatives; therefore not being a C.M.B. nurse she was not answerable in any way to the Medical Officer of Health or to the Central Midwives Board. I then made inquiries from the Infant Life Protection Act visitor, and I found that she had no power because the mother was in residence with the baby; so that they were not answerable to any authority. When the Infant Health visitor called at the house, she was told to ask for a baby that was born on such and such a date. She was told that that baby had gone to relatives, and the address was refused. It also came to my knowledge that in several cases babies of very tender days, sometimes two or three days old, had been sent off to rural districts—the more rural the better—as the Infant Life Protection Act is not very easily worked in very rural districts. Sometimes there had



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been sent to Scotland, and Ireland even, by the night train babies of two or three days old. The idea is to get a sum of money from the girl, varying from £70, which I believe is the lowest ever taken, up to about £150. Then the baby is sent off to a remote district and the people persuaded to adopt the baby for a smaller sum, sometimes quite a small sum; perhaps from £2 to £20, so that it is quite a prosperous undertaking. My point in giving evidence is that that these people are at present answerable to no authority whatever. I have also knowledge that they have been convicted in other towns.

*Sir Richard Luce.*

1419. Of what?—They have been convicted under the Children's Life Protection Act, and yet they are able to move and continue in another town. So that the reason I am asking to give evidence about this Bill is that I feel if there were registration of nursing homes, people who had been convicted, at any rate, would be debarred from continuing their what I consider nefarious practices.

*Chairman.*

1420. In this particular case did they call it a nursing home?—Oh yes, it is advertised in papers of repute—in many papers—as a nursing home. The advertisement runs something like this: "Accouchement: lady taken pending and during; secluded garden; terms moderate".

*Dr. Shiels.*

1421. Nothing about adoption?—Oh nothing whatever. No decent paper would take any advertisement that mentions adoption; I believe it may be so in some obscure papers; I have been told so; but that has not come to my knowledge.

*Chairman.*

1422. Does the Birmingham authority register its maternity homes?—I believe not. There is no by-law as there is in London. I believe it was endeavoured to pass a by-law of that sort some years ago, but it was turned down.

1423. You did not do it?—No.

1424. That is a pity.—At any rate, the position at present is that people of that sort are answerable to no authority.

1425. A maternity home is in no better position in Birmingham than a maternity home in London; is that so?—Yes.

1426. So far as inspection and registration goes?—Yes.

*Mr. Cecil Wilson.*

1427. Do you suggest in all probability wherever there are advertisements of the character that you have just described the same sort of thing is going on?—That has been my fear, and I think it would be very useful to get further information on that point.

*Dr. Shiels.*

1428. Does it not seem rather funny that they should merely advertise in that way, when they might likely get a large percentage of people who would not be able to put down such very large sums as that. You would think that if that was the motive (because the adoption money is apparently the object) that they would put that in the advertisement?—They probably would if they could, but as I say, I am quite certain any decent paper would bar that. No paper of any standing allows any adoption advertisements.

1429. You think they deal with the mother in the preliminary correspondence?—Yes; they do mention that. Of course they do take a certain number of cases where the people cannot find the money for adoption; then the girl is landed with a baby that has never been breast fed.

*Chairman.*

1430. This particular home did not take any but those cases, I take it?—I should imagine not. I have no information on that point, but I should imagine they took none but single girls.

*Major Price.*

1431. It really is a maternity home, I take it and not a nursing home?—I should think they never took anything but maternity cases; I should imagine that is so.

*Sir Richard Luce.*

1432. This I take it will be already covered by the Act that is in process of passing with regard to maternity homes?—You mean the present Act?

1433. There is an Act in process of passing at the present time, which is to



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register maternity homes?—Yes, but I am not quite sure that such a home as that would be covered; I do not think it would cover entirely the kind that I want to cover.

1434. In what respect?—A nursing home would be able then to take a single girl and carry on the same practices. Unless a nursing home were registered as a nursing home it would be possible for a nursing home to take a single girl and to be able to do the same thing. I do not think the other Bills that you are mentioning would cover that.

Major Price.

1435. Of itself?—No, I do not think so.

Chairman.

1436. They would get out of it, you mean?—Yes, I think they would.

Major Price.

1437. Supposing you carried on your registration of both maternity and nursing homes, would it be possible not to meet your serious objection, but to permit the matter that you do seriously object to to be still carried on?—I think it could still be carried on, yes.

1438. So that really to avoid suffering to the infants caused by this method of adoption, you would really want some more Acts of Parliament to cover it than are contained in either of these Bills?—I think not. I think the Nursing Home (Registration) Bill covers everything. I have studied it pretty carefully and it seems to me that it does.

1439. If you have a Nursing Home (Registration) Bill, it does not touch the adoption question. Assume your matron carried on her nursing home to comply with the necessary sanitary arrangements and qualified nurses, she may still carry on the illicit practice or the illegal practice of adoption just the same?—That is so, but if they were inspected and registered, I think they could not so freely wean the babies. The child would not be never put to the breast as they are in these cases, so the child would not suffer quite in the same way.

1440. Then from that, I take it that your view is that not only should the inspection of the homes be made, but also the character of the nursing that takes place in them?—Yes.

Dr. Shiels.] Might I ask if in your opinion Major Price's point is not met by the clause in the Bill which forms the basis of this Committee's consideration where registration may be refused if the form of premises to be used was in any way improper. In the case of maternity homes, that would cover the point if the home was being used for getting money by putting out illegitimate infants for adoption; that surely would be a ground for refusing registration.

Major Price.] I do not think so.

Chairman.] This is a point which we shall have to find out in Committee.

Dr. Vernon Davies.

1441. Do you think the doctors that attend this nursing home are aware of the character of the home?—No; I am quite sure of that—well, where the people have been before I saw the doctor, and he thought it was a perfectly well run home, and the doctor who is attending at present is a man of repute with a decent class practice.

1442. So that in the course of their attendance there they have not found anything to object to in the home?—No; they evidently have not noticed anything.

1443. There is nothing in the advertisement that this home puts in to lead people to suspect that they are more anxious to have illegitimate births than other births?—I do not think so. I can show you the advertisement. (*Document handed to Chairman.*)

1444. There is another point you brought up. You thought that proper inspection of the home would lead to some interference with the treatment, that is, that the babies would not be weaned so soon?—I should not have used the word "weaned"; they are never put to the breast at all.

1445. As far as I understand it, the inspection of nursing homes has absolutely nothing to do with the method of treatment, so that if the mother said she did not want to nurse her baby an inspecting officer would have no power to interfere. I think your idea is perhaps going a little bit beyond what I think as to registration and inspection of these homes?—Possibly, but at any rate if such a home were inspected, as soon as one or two cases of trafficking turned up, the inspector would very soon have his or her eyes open and would be on the look-out.



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1446. At any rate, it would have nothing to do with the weaning of the child; they could not interfere in any way. You know there is a certain class of woman to-day that will not feed her children; she absolutely refuses?—But if it was found that there were a great many single girls and in every case they had not nursed the child at all, it would open the eyes of the inspector to the fact that there was something not quite desirable going on there.

1447. A girl might legitimately say: “I have to go back to work; I cannot feed this baby for three months; therefore I cannot start feeding the baby.” They always do say that.

1448. It would be a legitimate excuse?—They always do say that. Every single girl, and I see many hundreds of them, says that.

1449. The point I want to bring before you is that the question of the feeding or otherwise of the baby does not come into

the question at all?—No. I think it is included in the Act that the person must be qualified to run a home, and if the person is qualified to run a home then she becomes answerable to the local Medical Officer of Health for the feeding of the infant.

1450. But not whether the baby is weaned or not?—Certainly, under the Central Midwives’ Board—surely?

1451. If the mother refuses to feed her baby you cannot make her?—But every midwife who assists a mother, if she weans the baby, has to state her reasons to the Medical Officer of Health.

1452. She simply says the mother does not want to feed her baby?—If he got it in the case of a great many single girls running, I know that our Medical Officer of Health would be up to it.

*Chairman.*] Thank you, Mrs. Potts; we are very much obliged to you for coming up.

*(The Witness withdrew.)*

Miss B., called and examined.

*Chairman.*

1453. You have something you want to tell us. You have not sent in anything except a letter, so we have had nothing circulated. Will you just tell the Committee what it is you want to bring before them in connection with this question of the registration of nursing homes?—Well, one thing is, may I ask you to leave my mother’s name out. I do not mind my name being mentioned but not my mother’s name, for special reasons concerning my father who is up against me, because I speak out on behalf of the way my mother has been treated in the nursing home. One thing I complain about is, four years ago my mother had an operation performed at this very place. I was told that she was in a very serious condition, and my father had to appeal to a certain medical man—I do not know his name—to look into her case. My argument was that if she was under the care of a medical man and under his roof, how was it that he found her in such a state that he had at once to appeal to a man in a higher position, a surgeon, in her case, and how did she become in such a state that it had to be necessary to appeal to him? Also, I was kept away from my mother; I was

not told what was done to her except that she had a serious operation performed, and I have never had any information until this year. I have had to fight for my life to get it.

1454. How long ago is it that this happened?—Four years ago. My father, I was informed by the Commissioners, would not allow me to see my mother, and I said “Why.” They said: “Because she had erysipelas.” I said, erysipelas, I happened to know, may be caused from dirt and neglect, and I have found out since that that my mother’s room was very, very dirty. My daughter here is a witness, if you wish to call her. Under the bed and the wardrobe was in a most filthy state, because we mounted a chair after we found the place in such a filthy condition. Also her room has not been painted or papered for over 30 years all the time she has been there. I ask you gentlemen out of real kindness to look into her case. She has no right to be under such a roof. She is in a condition, I will admit, where she wants careful treatment, but not the treatment of an institution of that kind. She speaks as sanely as you or me; in fact yesterday she had occasion to see me before I undergo a very serious



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operation. She said: "You look very ill; whatever have they done to you." I said: I am very ill, but I have come to see you before I go under an operation." She said: "Oh, have you been neglected too." I said: "I cannot tell you that. I do not wish to worry you." But my mother has been shamefully neglected and apart from that I have been into the room when she has not had a drop of water to drink, and she has told me she drank out of the flower vases last year, and I know it is true. When I appealed to Dr. Bond I had an awful lot to go through. They treated me shamefully at the Lunacy Commissioners. They warned me that if I made any complaints I should not be allowed to see my mother. I said: "Not without heavy damages." With that Dr. Bond comes through a sort of panel in the door. He got frightened and he saw me personally, and he went down to see my mother, and made these statements that I found out she never had a drop of water and they denied it all. I can absolutely prove to you gentlemen that I am telling you the truth.

1454A. Where is this nursing home?—This place is down at Roehampton, The Priory.

1455. Is it a nursing home?—Well, it is an institutiop. Then there is a case next to her that is a perfect disgrace. It really is shameful. The noise of this woman; and there is my mother as right as rain.

1456. But this place, The Priory, Roehampton, I take it, is a mental home; it is a place for people who are suffering from mental trouble?—There was a period in her time that I can give you years ago when she might have been put there temporarily but I can honestly tell you that she has no business to have been kept there, because she was never in that residential part. She was taken on the private house of the doctor when we went to see her. It is a most difficult matter. I am trying hard to get my case heard. My father, I must tell you, is dead against me for bringing this case forward, but I consider when a father by a sad coincidence has to put his wife away it is his duty to go down and see whatever money the wife pays out of her estate she has her proper benefits by it. I do not see why one should pay, for example, 30 guineas a week for a patient and no one to go down to see that she

has her £30 worth, even if the doctor got £5 extra out of it a week; he is bound to have his profits.

1457. Is that what is actually being paid at The Priory?—I know there is a very heavy amount paid per year. She will pay more and can afford to pay more.

1458. I suppose your mother was certified originally or she would never have been there?—It was a case that I think, if it had been under proper provision in the home, her private home, no doubt she might have overcome any difficulties that she was suffering from, but I must tell you there is a German woman in my father's house, who has been there for 30 years.

1459. Was she certified; that is the point? If she is certified she comes under the Lunacy Commissioners?—As it is a private institution I have been told by one of the officials that she could go out if my father would give his consent. Perhaps it does not suit my father to allow my mother to come out.

1460. That is nothing to do with us here, you know?—No, but it is so sad to think of that poor soul, a decent human being put away like that for the benefit of a man who does not care. Do you not think there ought to be a committee formed in the case, if there is an eldest daughter or an eldest son, that they should see whether there is anything wrong going on there and why she is kept there? Why should a person be put away and be told that she is insane and not any inquiries made? There is nothing fair in the thing.

Dr. Shiels.

1461. Have you appealed to the Lunacy Commissioners?—I have done everything that is possible.

1462. What do they say to you?—Insulted me—properly insulted me when I have been there. I have said: "I have only come on behalf of my poor mother. I have a right to speak to her. She is human the same as we all are."

1463. What have they said, apart from the insults?—Dr. Bond said the last time he would go down. He knew that I had made the complaints and that they were serious. Dr. Bond went down. What did they do? They absolutely denied my statements, which are perfectly true. nobody goes near my mother but myself.



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[Continued.]

*Chairman.*

1464. Well, I am sorry, but here in this Committee we are dealing with the question of registration of nursing homes, and whether or not nursing homes so-called should or should not be inspected and registered?—I certainly think they ought to be.

1465. Because they are not registered and inspected now. But we have nothing whatever to do, I am sorry to tell you, with this question that you are dealing with now. It is not, as I understand, a nursing home; it is a mental hospital; so that except taking down what you have said, which has been done—we can take no action, and nothing that we do in connection with our work as to nursing homes will, I am afraid, be able to touch the particular case you raise. This is not the place for it, so I am afraid it is no use your wasting your time telling us. If you have told us all that has happened,

and I think you have, I think that is as far as we can get.—May I say this one word before I go? If a person is certified, as a rule they are generally violent and they are never safe to be with; there is always someone there. I can tell you that I went down there for years; I was left alone in my mother's room for sometimes two hours when I have paid my visit and not a soul near me, and I have had to go right down to the doors where they let you out into the ordinary department and had great trouble in getting anyone even to let me out, so if anybody was not what I call sane, why did they leave me all that time by myself, corridor after corridor, to go down and no one to go near? So I mean, there you are. You have got my evidence.

*Chairman.*

1466. Well, thank you very much for coming.—I have done my best and thank you very much.

*(The Witness withdrew.)*

Miss X. called and examined.

*Chairman.*

1467. You have sent in no statement, have you?—No, I have not.

1468. Very well, will you kindly tell the Committee what it is you want them to know?—I should only like to say that I would like to see the registration of nursing homes. I am a private nurse, but I very often go with a patient into a nursing home—into different nursing homes.

*Dr. Vernon Davies.*

1469. With the same patient?—No; with different patients into different nursing homes.

*Chairman.*

1470. That is the way you do your nursing; you go with patients to different nursing homes, and that gives you an opportunity of seeing the various types of nursing homes in that way?—Yes, that is right.

1471. How many nursing homes have you been to, do you think, altogether?—I should think probably nearly a dozen.

1472. In various parts of the country?—Yes.

1473. Or mostly in London?—About half of them in London, I should think, and the other half in different places.

1474. Can you tell us, do they vary very much?—Yes they do; they vary extraordinarily.

1475. Do you find any really good ones?—Yes.

1476. What constitutes in your estimation a good nursing home?—Of course, it should be clean and it should be properly equipped. If a nurse wants to do any treatment for patients she should be able to find the things she needs to do the treatment with; sometimes they are non-existent.

1477. Do you find them crowded very often?—What, the nursing homes?

1478. Yes.—No; I do not think I have found them overcrowded. One, I think, had more patients than they should take.

1479. Have you found any really dirty ones?—Yes.

1480. Have you found others where the equipment is very deficient?—Sometimes, certainly.

1481. Do you find that they do not change the sheets and the bedding sufficiently often?—Sometimes, certainly.

1482. Have you any case which you know of where the patient has died in



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bed and the same bed has been used again almost directly without any disinfection or anything of the kind?—I cannot say definitely the bed, but the room has been used within about an hour and a half of one body being removed. They certainly could not have fumigated the room, and I do not think they could have thoroughly cleaned it in time.

1483. Can you tell us any other instances of what you consider real abuses?—There was one patient I took from a nursing home; she was a chronic patient; and because she was chronic the better class nursing homes would not take her, because as a rule they like the acute surgical and medical cases. Although she was perfectly willing to pay, or her people were perfectly willing to pay, for her to be in one of the best nursing homes they could not get her in because she was chronic. She tried two or three, and after being in them, her people decided that it was really wrong to leave her in these inferior nursing homes, because she was being neglected, and so I was asked as a private nurse if I would be willing to go with her away from one of these nursing homes, to take her in a motor ambulance a long distance about 150 miles, and remain and nurse her for two months at least in a private house, where we should have our own rooms and I would nurse her. I arranged to do this, and when I got this patient—of course I only took her that day from the nursing home—she was most shockingly neglected. She was a spinal case and very difficult to nurse. I must say I do not agree with the idea that because patients are chronic patients they do not need so much skilled nursing as an acute case, because I think very often they do, and certainly this patient needed a great deal of skilled nursing, because she was spinal. She was very difficult indeed to bath and keep clean, and when I took her I do not think I ever saw anybody in such a state as she was in—shockingly neglected.

1484. You actually stayed in some of these nursing homes?—Yes, in most of them. I did not in that case; I simply went in the morning to fetch her.

1485. What accommodation was there for the nursing staff generally?—Very often it is bad.

1486. Can you give us any really bad instances? Did you get a room yourself

always?—Well, I did, because my patient always arranged for me to have one. I had one probably in a hotel near or something of that sort. I have quite a good class of patients and they are able to do that, but if they were not I should certainly be put into a room most likely with two others, three beds in one room, with no curtain or anything of the sort to divide one bed from another.

1487. What about the rest of the staff; were they qualified people as a rule, or not?—In some cases, yes. In about half the cases they were qualified, and in the other half, no. In one instance I took a patient from a provincial town to London, because they were anxious to have the very best they possibly could for the patient; so we came to London. The matron of the nursing home was a trained woman. The day after we arrived the patient had her operation, and the matron attended in the theatre; she took charge of the theatre; the operation was over at about half-past eleven, and at half-past twelve the matron had gone for her holiday. She only stayed to be present at the operation. During the next two days I discovered that I was the only trained person in the house. Of course, I was there with my patient and it was all right, so far as my patient was concerned, but there were other patients in the home.

1488. How many?—Nine or ten in the home who had had operations. There were nurses there, but they were not fully qualified.

1489. No other fully trained person on the premises except yourself?—That is so.

Mr. Haslam.

1490. Did they have an operating theatre?—Yes—well, they called it an operating theatre.

1491. But not a well-equipped one?—No, not very.

1492. An operation took place and the only trained nurse on the premises excepting yourself went off?—The matron, and she went away the same day.

Chairman.

1493. You were not on the staff, except so far as you were attached to the particular patient?—I may say they very much object to a patient bringing up her own nurse, but the patient refused to go unless I came, because I had nursed her before.



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[Continued.]

1494. What class of nursing home was this; what did they charge?—She paid 18 guineas a week.

*Sir Richard Luce.*

1495. This was in London?—Yes.

*Mr. Cecil Wilson.*

1496. Were the other patients visited by their own medical man, or what was happening?—I believe they were, but I cannot say definitely because I had nothing to do with the others; I only had my own patient.

1497. Were there different medical men coming, so far as you know, or was it all one medical man?—I think there were different ones.

*Sir Richard Luce.*

1498. How do you know that there were no other trained nurses in the place?—Because they told me; the nurses themselves told me.

1499. Who was left in charge of the place; you were not in charge of the place?—No, certainly not.

1500. Who was in charge?—A nurse who had been there for, I believe, four years. She was accustomed to the work of that home, but she told me that she had started training in a hospital but that at the end of about six months her feet and legs gave out, as they very often do with nurses who start training, and she really could not stand it, so that she had an idea of nursing, but certainly was not trained.

1501. How long ago was this?—Two years; I think it was last May twelve-months.

1502. How many other nurses were there in the place who were not trained?—It is difficult for me to say exactly, but I should think seven or eight.

1503. Was this a home where they were constantly having operation cases?—Certainly.

1504. And at the operations did they have no other trained nurse in the ordinary way excepting the matron?—That is so unless the patient wished to have her own private nurse.

1505. You said that was generally objected to?—Yes, but if a patient needed a special nurse they would get one, and I asked where they got them from. They would get them from one of the nursing co-ops. that only

provided fully trained nurses, but unless a patient needed her own special nurse, and was ill enough to need her own special nurse, they would manage by those nurses of their own.

*Chairman.*

1506. Was this what you would call an expensive nursing home?—She paid 18 guineas a week.

*Dr. Shiels.*

1507. Can you tell me what the objection was to having this lady who was a chronic case. in view of the fact that she was evidently even prepared to pay more?—I cannot tell you what the objection is, but I have often come across that. In good class surgical nursing homes they do not like to take chronic cases; they like to have someone whom they can get well and get out.

1508. You made a point there that in regard to nursing of chronic cases you do not agree that less nursing skill is required?—I do not think so really.

1509. I suppose you think that the avoidance of bed sores, for instance, is a very important part of a nurse's duty?—So often they cannot do things for themselves. For instance, in a very bad surgical operation, after a few days or at most a week, they can do a certain amount for themselves; but in chronic cases so often they cannot do anything or very little for themselves ever.

1510. With regard to this case which you took away from the home which you said was in such a bad condition, had she bed sores?—She had a bed sore, but it was not a very bad one, but her hair was absolutely matted and entangled, and in certain parts of her body which were difficult to keep thoroughly clean they seemed as if they had given it up as a bad job. I never saw anyone in such a state as she was in.

1511. What is your general experience as to the condition of nurses in nursing homes, apart from what you have told us; what are their usual hours, for instance?—The hours, it seems to me, very often vary. If the home is fairly slack, if there are not very many patients in, or even if there are but they are convalescent and do not need a great deal of attention, the matron will very often allow the nurses to have more off-time then to make up for the time when they



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cannot take it when they are very busy. Sometimes a nurse went off duty for two days.

*Chairman.*] I do not think we can go very deeply into this question of nurses' hours. We are not commissioned to make any recommendations on that subject, and all I think that is material here in that connection is, how far they may be overworked and not able to attend to their duties properly.

*Dr. Shiels.*] Yes. Do you not think that some standard is necessary?

*Chairman.*] Yes, but we have not to make any recommendation on that subject.

*Dr. Shiels.*

1512. I just wanted to get the sort of standard in nursing homes. I think the general thing is that they come on at about 8 in the morning and go off at about 8.30 or 9 at night; the hours off duty vary from two to three hours; some only have two hours off duty and some have three.

1513. Have you any view about the feeding of nurses in these homes?—I think as a rule they get sufficient to eat, but sometimes it is not prepared very nicely, and not served very nicely.

1514. Do you believe that in nursing homes all nurses should be fully trained, or are you willing to have a partially trained nurse, say a half-trained nurse, or an untrained nurse?—I think the ideal is most certainly to have them all fully trained. If they are not all fully trained, I certainly do not think they should be allowed to do any nursing duties for the patient unless the patient knows and unless the patient is charged rather less. But I think the general public as a rule, the patients going into the nursing home, take it for granted that because they are going into a nursing home they are getting the best nurses and the best attendance, when often they are not.

1515. Do you think there are sufficient trained nurses just now to staff the nursing homes?—I think the nursing homes that demand fully trained nurses for their homes get them.

1516. But do you know that many have not trained nurses?—Yes.

1517. Do you think there is a sufficient supply, supposing it were to be made compulsory; do you think there are enough trained nurses?—It is difficult to say; I do not know.

1518. Do you know anything about cottage hospitals?—No, nothing.

1519. Do you know anything about doctors' nursing homes?—Yes.

1520. Have you found any difference in them from any others?—I know a nursing home run by not a doctor but some doctors, and I know that it is paying them very well, but I do know also that it is not sufficiently staffed. Often the patients cannot get attention, because there are not sufficient nurses there to attend to them all properly.

1521. What is your idea of the numerical relation of nurses to patients? Supposing you have a home with 12 patients, how many trained nurses should there be—take average cases?—I have discovered that most of the day nurses have three patients to look after.

1522. Do you think two patients enough?—As a rule if they are bad cases, certainly.

1523. How many nurses were there in this particular home which you refer to, which you thought was badly staffed; do you know the particulars of it?—No, I do not know. You mean the case of the special patient that I fetched away? I do not know. I only arrived about half-an-hour before we left.

1524. No, I meant the doctors' home?—I cannot tell you that.

*Mr. Cecil Wilson.*

1525. Why do you say it was insufficiently staffed?—Because I know two patients told me that they could ring their bell for two hours in an afternoon and not be able to get it answered; so I spoke to the Sister in charge of those particular patients and she said: "I know, and it is dreadful. I would do anything I could to avoid it, but we have to give the nurses certain off-duty time, and in doing so we have not enough to attend to the patients in the meantime. We ought to have more nurses, but they try to make us make a certain amount of money." I know they were getting a good percentage on the money they put into the home, 12 per cent.

*Dr. Vernon Davies.*

1526. Of course, you recognise that there are fully trained nurses and partially trained nurses?—Yes.

1527. Some of them have had to give it up through lack of health, or some of



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[Continued.]

them may have started as fever-trained or children-trained?—Yes.

1528. Do you think that all these nurses should have the same salary?—Do you mean if they are not fully trained?

1529. Yes?—No; I do not think they should have the same salary as the one who is.

1530. Do you think the same fees should be charged to the patient?—No, I do not.

1531. You would regulate your fees according to the training of the nurse?—Yes.

1532. In this particular home where the matron was the only person trained until you went there, when they had operations did the surgeons who came there to operate bring their own nurses with them for the operation—some surgeons do, do they not?—Yes, they do. I cannot tell you whether they did in this home; he did not for my patient's operation.

1533. Because you were there?—I was there; exactly. It is quite possible that he might.

1534. In that case he might have brought his own pet nurse with him for the actual operation?—Yes.

1535. You said that chronic cases require good nursing. We all agree with that, of course, but would you say you would require as much training to nurse an old chronic as you would for, say, a good surgical nurse? Would it be possible to train a nurse to look after a chronic, as we call them, either rheumatoid arthritis or bronchitic old senile?—Yes.

1536. You could train a girl to look after them much more quickly than you could make a good surgical nurse?—I quite agree with that.

1537. It is quite possible that some of these women, who are partially trained and had to give up or did give up, are quite competent to manage these chronics although as not fully trained or as excellent a nurse perhaps as a good surgical abdominal?—If the patient does not need treatment.

1538. What treatment?—The sort of things that need sterilisation; I was thinking of catheterising and so on.

1539. I was not thinking of catheterising. I put those in a special class. But a girl can be trained to wash a patient, to prevent bed sores, to look after their hair, feed them and keep them tidy without the full nurse's training?—Certainly.

1540. And you would in certain cases allow those women to be employed?—Yes, but I would let the patient know they are not fully trained nurses.

1541. You think it is essential that the patient should know that they are not fully trained nurses?—Yes.

1542. I quite agree with you. With regard to the nurses' quarters in some of these homes, are they satisfactory or otherwise, speaking generally?—I have seen both, but I think, speaking generally, no.

1543. Speaking generally, you would say the majority of nursing homes perhaps pay more attention to the patients and less to the nurse?—Oh, undoubtedly.

1544. And you think that they could, without hurting themselves considerably, pay just a little bit more attention to the nurses' hygiene, sanitation, comfort and all the rest of it?—Certainly. I do not say all; please do not think that; but I have met a great many of the wrong kind.

1545. We are only speaking generally. You think that the registration and inspection of all nursing homes is advisable?—Certainly.

1546. That is, whether run by doctors or nurses or outsiders?—Certainly.

1547. That no home should be exempt?—Certainly.

1548. Even the doctor who takes one case into his house for gain?—I do think so really.

Dr. Vernon Davies.] Yes; so do I. Thank you. That is just what I wanted.

Chairman.] Thank you very much. We are very much obliged to you for your attendance.

(The Witness withdrew.)

(Adjourned to Tuesday next at 5 o'clock.)



*Tuesday, 27th April, 1926.*

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Captain Ernest Evans.  
Mr. Haslam.  
Mr. Hurst.

General Sir Richard Luce.  
Dr. Shiels.  
Miss Wilkinson.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

Mr. M. D. THAKORE called and examined.

*Chairman.*

1549. You are an ophthalmic surgeon in Doncaster, are you not?—Yes.

1550. Is that at the hospital there?—Yes.

1551. A voluntary hospital?—Yes, a voluntary hospital.

1552. How long have you been there?—About five years.

1553. What experience have you had with regard to these nursing homes? Are there a good number of them in Doncaster?—We have three.

1554. Do you know them all?—A good bit of them.

1555. Are they all of the same type of home?—Practically the same.

1556. What class of patients do they take?—They take people who cannot afford the full fee at a little reduction, and others who can afford the full fee at six or eight guineas a week.

1557. Do they take all types of cases?—Yes.

1558. Surgical and medical?—Yes.

1559. Maternity cases?—No. There are separate maternity arrangements; one of the nursing homes does that work.

1560. You say they are all about the same class of home at about six guineas?—Yes; that is the regular fee, but in some cases they would take it for less if specially requested; that is some patients who are very poor cannot afford the fee, and you can request them specially, and they will reduce the fee if they are put in a ward where there are three or four patients.

1561. Generally, does it mean that if you pay six guineas you get a room to yourself?—Yes. That is the only thing in the Provinces that I know about. I

know about one or two big cities in Yorkshire.

1562. When you get a room to yourself, is the other treatment that you get there in proportion better?—I do not think so.

1563. Everybody is treated the same and the only difference for the six guineas is a room to yourself?—Yes.

1564. What is your opinion of the nursing staff in these three homes?—Personally, if I could suggest it, I would not have a nursing home registered or recognised which does not employ all qualified nurses.

1565. You say that all ought to be qualified?—All to be qualified in the interests of the patient.

1566. You know there are some homes where they take quite aged and incapable people?—Yes.

1567. Quite old, from 70 to 80, and that kind of thing. Would you think they ought to have qualified nurses as well?—I should think so.

1568. If they have nothing the matter with them except that they are helpless and so on?—Well, those nursing homes I have no experience of, but even then my feeling is this, that there is the risk where a person is infirm and old that they need qualified treatment. They all need qualified treatment. The more infirm the people are the more skilful nursing they require.

1569. I only ask that question because it has been asked before.—Yes, quite.

1570. You have known cases where they have had young and inexperienced girls of 18 acting as nurses?—Yes; I could prove it, but as you know very well it is quite invidious for me to mention names. I could prove it if it came to a matter of proving it, because it is a fact. I have



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[Continued.]

letters from patients if you like to see them.

1571. Do you also say that, apart from the qualification or want of qualification of the nurses, the staff is short, or do they generally have enough?—I have letters which I will pass on to you which have come to me quite recently, I mean complaints which I have received from patients, from all sorts of them, those who pay six guineas a week and those who pay less. The complaint is uniformly the same, that if there is any operation going on in the place or any rush, the people who are inmates of the place, practically speaking, do not receive half the attention they usually do. They get only half because there is a shortage of staff.

1572. Have you known cases where patients have been left for hours and hours without being able to get any attention?—Perhaps it may not be as bad as that, but a pretty long time, which is not reasonable, I think.

1573. What have you to say with regard to the food of these patients?—I have found also that patients have complained very bitterly about the food.

1574. You have no particular details about that except that there are complaints?—Well, one patient has come to me quite indignant after having paid five or six guineas a week and said that they did not get even as much as a cup of warm milk or warm tea. I said: "I have no financial interest in the matter."

1575. They had a sort of idea that you had some financial interest in these homes?—That is one of my feelings. The point, as I read in your proceedings here, has been made that there has been no complaint, and the Minister of Health has no evidence to that effect. My reasons to explain that would be this: I think why there are not sufficient public complaints is that people do not want a scandal, and secondly that they would rather put up with the trouble for a few days than to have all this bother. Thirdly they think in many cases, and in most cases I think wrongly, that their medical attendant has a financial interest in the homes, and therefore they do not want to fall out with their doctor. Fourthly, the majority of physicians and surgeons who have a sufficiently large practice to insist on a certain type of nursing home are too busy to bother about things; that is my feeling.

1576. Is it your experience that the medical men are not troubling about this matter?—The patients do not bring this fact to their notice, unless you go out of your way to wring it out of them. Something goes wrong and you ask what is wrong. If you assure them, and you have to assure them that you have no interest in the matter, then they give it to you. That is the result of two or three letters I have received.

1577. You tell us what in your estimation ought to be the nature of a nursing home?—Yes.

1578. You say that the premises ought to be specially selected and they ought to be adapted for the purpose; that the buildings should be away from noisy streets, and so on. I take it from that that you would hardly be able to have a nursing home in the midst of towns, would you?—Yes, you can. What I mean is this: I have seen some places where they have to remove patients from one storey to another, and they have no conveniences of lifts as in hospitals there are bound to be. You cannot expect lifts in nursing homes. There should be some arrangement for the patient to go round corners and not to be jolted after the operation. That should be done before the licence is granted; they should conform to certain necessary conditions imposed by competent inspectors of the Ministry or whoever the local authority may be.

1579. In a large town it would be difficult to find a sufficiently equipped place in the centre of the town or anywhere in the crowded areas which would conform to the conditions which you rather think ought to be laid down?—You always have to use a little bit of discretion according to the circumstances. The patients do not care, I think, if they have to go half a mile from the town. They are not bothered about a little distance; they have to go in an ambulance in any case.

1580. Have you had any experience amongst your medical friends of those who have taken patients into their houses?—No, I do not know any of those who take patients privately.

1581. But you know that is done?—It might be done in some parts of the country.

1582. Do you think if it is done that a doctor's house should be registered as a nursing home?—It should be registered and the patient should have the right



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[Continued.]

to complain to the General Medical Council; that is the proper authority. In my area there are none of those who take private patients, and granted for a moment that a doctor takes a patient he can only take one or two patients, and he is not likely to be foolish enough to take a patient and lose him for life by ill-treating him; yet I should not grouse or complain if the patient had the right to complain to the General Medical Council for ill-treatment.

1583. Do you think that such a doctor's house, where he is taking a patient, should be subject to the same regulations with regard to registration as a nursing home which is not kept by a doctor?—Certainly, if I was taking patients I should not see any objection, but I am not speaking for anybody else in the matter.

Mr. Hurst.

1584. Has this matter been discussed among the doctors in Doncaster?—No. This is only what I have read of the thing, and I am only representing my own views. I do not claim to represent anybody but my patients who have suffered and who complain.

1585. Do you think it is possible to have a reasonable amount of inspection of nursing homes without interfering with the daily work and daily routine of the homes?—I do not think it will interfere. The mere fact that there is somebody to go and inspect the places and say they are to conform to certain conditions—for instance, having a fully trained staff—alone should make a difference to start with.

1586. It might create a good deal of hardship if you insisted upon 100 per cent. qualified nurses at the start?—You could do just as you did in the dentists' case; there could be some scheme. It is not fair that untrained nurses should get the posts, while the trained nurses should be absolutely neglected in the matter; it comes to that in practice.

1587. Are most of these three nursing homes owned by private individuals who are nurses, or are they owned by people with no professional training?—I think generally the heads of these institutions are trained nurses, so far as I know.

1588. They are the proprietors?—Yes.

Mr. Haslam.

1589. What number of nursing homes have you experience of?—About five or six.

1590. In Doncaster?—Not in Doncaster; in other cities.

1591. Three in Doncaster and three others?—Yes.

1592. How do you obtain your experience of these homes?—Because when I admit my patients I know.

1593. You have had patients in the homes and you have inquired?—No. You do not need to inquire. You can see whether a nurse is trained, and the patients come and complain later on.

1594. You have got your experience in the ordinary course of your professional duties?—Yes.

1595. In regard to this recommendation that you make that all nurses should be fully trained, we heard the other day for example of a home where some probationers were employed in addition to the nurses. The probationers were not employed actually to do the nursing, but they were employed to assist the nurses?—The Committee knows that I am saying what appears to me to be the best thing, and I will say again the main reason why I should insist upon these conditions in a nursing home if I had any say in the matter. I say first that a nursing home should not be recognised that does not employ a fully trained or State registered nurse. Secondly, that they should not be allowed to train probationers, because what happens in practice is that the moment you allow them to train probationers they will keep a certain number of probationers, and there is no guarantee that the trained nurses would not be doing the maids' work, which happens in some cases, though it may be very difficult to prove actually; but it is the fact. Another thing is that you cannot expect a nursing home with one trained Sister, where perhaps a doctor goes occasionally, to train nurses as well as a public institution, and there are sufficient public institutions in this country competent to train nurses.

1596. I do not think we have had a case yet where they profess to train probationers, but we have had cases where the probationers assist the nurses.—I will give you an instance.

1597. You would not approve of that?—It does not work in practice; it goes wrong. I know an instance of a girl of 17 or 18 who is put in charge of a nursing home, supposed to be a probationer.

1598. In charge of a nursing home?—No; she will be there assisting in a nursing home. There will be an



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[Continued.]

insufficient number, as a result of that, of trained nurses.

1599. You think that every nurse in a nursing home should be trained?—Personally, yes.

1600. You do not think that the increase of cost which no doubt would be passed on to the patient would be any disadvantage?—I do not think so; I think it would work out financially. The only difference it will make is in this way: if the cost is a little bit increased there will be better patronage; also they can have a certain number of larger rooms in the place where people who cannot pay the full charge can be put, two or three patients together. The patients would not mind going into that place if they get first class nursing, and no matter what anyone says, if a nurse is not trained or has not got the rudiments of training, she cannot give the same attention as a skilled fully trained nurse, and if anyone maintains that they can there is no sense in training nurses for four years at all. What happens in practice is many young girls go to nursing homes under the idea that they will get trained at nursing homes, and at the end of three years they find out that they are sorry that their time and trouble and money, perhaps, has been wasted. No public institution recognises the training in nursing homes.

1601. Have you come across cases where that has happened?—Yes.

1602. Where a nurse has gone into a home for three years?—Many a nurse goes that way, and in the end they are no good for State registration.

1603. You have evidence of that?—I have come to know. In this world all people are afraid of losing their job, and naturally they would not like to come and state that before you publicly.

1604. You know of cases where that has happened?—Yes. Then some nursing homes will pass on an untrained and unqualified nurse to private homes as trained nurses for which they will charge full.

1605. They would not give them a certificate?—No, but the patients do not inquire. The patients are told: "This is a trained nurse," and they dare not question it, unless every nurse puts on a badge, which does not happen in practice.

Mr. Cecil Wilson.

1606. You have seen the three homes in Doncaster?—Yes.

1607. Have you actually visited those homes?—Oh yes, of course.

1608. Where else?—I have seen some nursing homes in Leeds. I will give you an instance; I cannot tell you the name of the nursing home, though I know it: a child was there paying the full fee of a patient with a room to himself or herself—I will not say the sex because it can be known. Everyone thinks that the patient is supplied with a bell in a nursing home in case of necessity to ring it. This nursing home's staff got rid of that bell by taking it away from the child so that the child cannot ring it at all, and the head of the nursing home would not know anything about it. Many such instances come to my notice in my very limited practice. My practice is not wide; I do not claim to have an extensive practice. If I had an extensive practice I should insist that I should not go to a nursing home that does not employ all trained nurses, because it is not fair to the nurses or to the patients. I have no doubt in my mind that if nothing is done in the matter people will prefer to go to the hospitals than to nursing homes.

1609. Have you any experience of nursing homes which are satisfactory from your point of view?—Well, I have heard of one.

1610. How many patients are there in those homes?—They vary from 12 to 24.

1611. And usually are they fairly well filled?—They have their seasons, but generally well filled.

1612. With regard to complaints which you say are made about the food, have you yourself actually seen the food?—Yes.

1613. You are not speaking simply of what you have been told?—I have not only heard what has been said, but I have seen it for myself. If they gave me the kind of stuff for tea if I was ill, I should think I am not exactly on a starvation diet; I should think like that.

Dr. Vernon Davies.

1614. Are you a specialist?—I practice as an ophthalmic surgeon.

1615. Purely and simply?—Yes.

1616. Do you operate in these homes?—Yes.

1617. Have you found the theatre as a rule satisfactory?—Fairly satisfactory.

1618. In all of them?—That is the only satisfactory part about them so far, I think.



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[Continued.]

1619. In all the nursing homes you know of?—They have fairly good operating theatres.

1620. Have you had any reason to complain at any nursing home of the treatment of any of your patients after operations?—My patients have come and complained to me.

1621. But you, as the surgeon in charge, have not found anything?—I find my patients doing well. My practice is I go and dress my patients far longer than anyone else, and I dress my own cases for eight or ten days. If I am not satisfied I should kick up a fuss.

1622. So everything has been satisfactory. Have you taken any steps to find out if all the nurses in the homes that you attend are qualified?—I know for certain they are not.

1623. Have you made any protest?—I am not in a position to make a protest, because my practice is not sufficiently wide.

1624. So that really if you went some morning and found that one of your eye cases was being attended by an untrained nurse, you would not feel justified in making a complaint?—I should not make it; I should not send my case again; that is all.

1625. You would have a black mark against that home?—Yes; I should not advise a patient to go there again.

1626. Do you know any nursing home that consists entirely of trained nurses?—I think in the big cities they are all trained nurses, or some of them.

1627. I mean from your own personal experience?—Well, I know of one.

1628. How do you know; have you seen the nurses' certificates?—Well, most of the nurses in the places were nurses where I was a resident so I know that after training they went there.

1629. You know from their previous hospital training. Do you think that nurses should be in possession of their certificates?—I do.

1630. Do you think they should be produced on demand?—No, only to the local authority or the authority appointed by your Committee or the Minister of Health. They will be the only parties who can claim. Everyone and anyone should not be in a position to ask.

1631. I think you said that you know of probationers who have been taken into a nursing home, undergone a so-called training for three years, thinking they can get a certificate, and that they have

been sent out to other private cases?—Some of them have not had that training.

1632. Exactly. Do you say they have gone out to private cases?—Yes.

1633. If it were made compulsory that a nurse should produce her certificate of registration, that could not happen?—I should not object to your doing it. I have seen some of the State nurses wearing a proper State registration badge. Every nurse could easily exhibit it if she liked, and then the matter will be solved.

1634. You think that all nurses should be trained?—I have not the slightest doubt in my mind. It is not fair to the patient nor to the nursing profession otherwise.

1635. Take a chronic case. Supposing the patient went to a certain nursing home and the matron said: "The majority of my nurses are State registered nurses but I have two or three who are not fully trained. The fee will be lower"; have you any objection to one of those nurses taking charge of the case? If my patient took my advice I would say: "I will reduce my fee a little bit; to that extent you will be able to pay a little extra for the nursing".

1636. Some doctors would not reduce their fees you know?—Well, the patient can ask the question.

1637. You would not have a partially trained nurse in a home under any consideration?—No.

1638. Have you formed any idea as to the ratio between the staff and the number of patients?—I should say about four patients. What I say is this: It varies with the type of nursing home. Suppose it is a medical nursing home where the patients are kept in one ward, that is one thing. If each patient is kept in a separate room, the nurse could not attend to more than three or four patients at once, but if it is a common room or a ward with three or four patients, then the nurse should be able to attend to six patients. With regard to the night staff especially I think they need to have more night staff than they usually have in some of the nursing homes.

1639. But if each patient is in a separate room, do you say one nurse to each patient?—In some cases. In very serious cases I do not think the patient would mind paying extra to have a nurse to himself.



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[Continued.]

1640. They would get a special nurse then?—Yes; otherwise I do not think a nurse can look after more than three or four at the most.

1641. You put that as a very fair average?—Yes.

1642. Do you think that they ought to receive the same salary?—No. I should say more salary to a night nurse and a theatre nurse.

1643. I mean as regards their training?—Yes, or nurses with special experience.

1644. You say here, "Patients too ill to feed themselves to be fed by the nurse on duty. Patients should not be left unattended for hours as is often done even now when they are under an anaesthetic"—you mean recovering from the effects of an anaesthetic, I presume?—Yes. One of the letters which I have sent you illustrates that.

1645. Would you say they are actually under the effects of an anaesthetic for hours?—Sometimes they do not come round, as any medical man will be able to tell you, for three or four hours. It means they are not fit to think what they are doing.

1646. Would you say it was due to the anaesthetic or to the heroin or morphia?—Some people take longer to come round.

1647. It would be more probably the narcotic than the anaesthetic itself. "Nurses engaged should receive wages as per an approved scale or the scale recommended by their Trade Union"?—Or organisation, if you prefer the word.

1648. You do not believe in individual bargaining between nurses and matrons?—I do not think nurses will ever get fair treatment if they are to resort to that only.

1649. You do not think it would be the case, do you, of supply and demand, and that they would have to take what they could get?—That is one of the reasons why I would not allow any probationary training, because the moment you allow probationary training, the private nursing homes will be able to reduce the number of qualified nurses.

1650. And reduce the fees?—No; the fees are not necessarily reduced; I can tell you that.

1651. But you say "I have known instances where enfeebled patients are made to walk to the theatre in a half-dazed condition, treatments and drugs administered by mouth or in other ways without the knowledge of the patient's medical attendant"?—Yes.

1652. What do you mean by that?—For instance, suppose I was given an injection without consulting my medical attendant, or suppose the nurse thought the patient is not doing well, or very poorly—

1653. An injection of what?—Brandy, ether, strychnine—any stimulant. Then you see what will happen with an untrained nurse doing that job. It is bad enough to allow even a qualified nurse to have full authority to interfere in treatment. It is many many times worse to allow an untrained nurse to do such a thing.

1654. Of course; but you do not put it in that way. You say, "Drugs administered without the knowledge of the patient's medical attendant"?—Yes, quite.

1655. Do you not think that occasionally an emergency might arise in which a nurse might have to give an injection of strychnine when she has not time to consult the doctor?—They have telephones and all the conveniences. Surely the doctor can be got on the telephone. I would not allow any of my patients to have anything given them without consulting me first. I am on the phone and they could ring me up and ask first.

1656. Whatever the emergency?—Yes, there cannot be any emergency so dangerous as not to consult a medical man for a second. If they neglect their patients so long, that shows one more reason.

1657. I am afraid I have known one or two in my practice?—What?

1658. Acute emergencies where a nurse has not had time to telephone to the doctor and has had to act on her own responsibility?—If that is so, in that case it is still more necessary that nurses should be fully trained.

Dr. Vernon Davies.] Exactly, but that is not the point I was taking up then.

Captain Ernest Evans.

1659. You have been good enough in your statement to put forward the conditions which you believe to be essential to a good nursing home?—Yes.

1660. Would you say that the majority of the nursing homes in this country comply with those conditions?—I know they do not so far as my little experience goes.

1661. Would you say that any of them do?—As I have told you I know of six



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and I have heard of one, and that is the only one I have got the report of, so it is a very poor percentage.

1662. So that with the exception of very few, the nursing homes in this country do not comply with the conditions which you think necessary?—I only speak of my experience. I would not speak anything about London, because I do not know anything about the nursing homes in London.

1663. You think that the provision of the various things which you have mentioned would add to the cost of the patients?—No; it should not if fairly dealt with. I am quite sure there would be a reasonable margin of profit to the person who invests his money, unless they expect 100 or 200 per cent.

1664. You told us there are some complaints which you have heard. In what sort of nursing homes are those—all in provincial nursing homes?—Yes.

1665. General nursing homes?—Yes, medical, surgical.

1666. And would those be cases in which there is either a surgeon or physician attending the patient?—Yes.

1667. Having regard to the matters which you suggest as to the quality of the food, the sanitary arrangements, clean linen and so on, are those matters which the doctor in attendance would be able to see to himself?—I would put it in this way: the doctor is not there all the 24 hours; he is not always there at the time of meals.

1668. But a doctor may go at any time he likes?—But surely the nurse can always have a watch standing to see when he comes into the house.

1669. You do not suggest that at the great majority of nursing homes in this country there is somebody standing at the window to see whether the doctor is arriving?—If the bell rings, they know; it does not require anyone standing at the window.

1670. It is the case that the doctor can go into the nursing home at any hour he likes?—Not at any hour he likes; he can only go at a reasonable hour, and he should not go at an unreasonable hour.

1671. Have you known of any doctor going to a nursing home to attend to one of his own patients and being refused admission?—It does not arise does it?

1672. I am asking; do you know of any case?—I did not say it did; did I ever say that?

1673. May I take it that you do not know?—But I did not make the statement that it did.

1674. You did not make the statement. I am asking you because we want to get the benefit of your experience. Do you know of your own experience of any case in which a doctor going to see one of his own patients in a nursing home has been refused admission to that nursing home?—I never suggested it.

*Chairman.*

1675. That is not the point. It is quite a reasonable question to ask?—Well, I do not know.

1676. In your experience, if a doctor having a patient in a nursing home complained of the treatment of that patient in respect of any particular, would the nursing home try and comply with the doctor's requirements?—The patient would get the worst of it. I have heard patients say, "please do not say anything because we will only get a telling off afterwards."

1677. How many nursing homes are there, for instance, in a place like Doncaster?—Three.

1678. What is the population of Doncaster?—54,000 was the 1911 census.

1679. There is therefore a pretty good fairly general demand for accommodation in nursing homes?—Yes, very good.

1680. Therefore it is advisable from their own point of view that the nursing homes should comply with the requirements of the medical men who send the patients there?—Yes, but the medical man cannot help it; there are no means of insisting on certain criteria.

1681. In a town where there is a population of 54,000 and only three nursing homes, they are very anxious are they not to retain their clients?—But if they are all three of the same class, what is the difference. The patients have to go somewhere. If the infirmary has no accommodation they have to go somewhere. There is no option when they are ill; they have to go.

*Sir Richard Luce.*

1682. You are a Doctor of the staff of the Doncaster Hospital?—Yes.

1683. How many other members of the staff are there?—About four—four surgeons and one physician.



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[Continued.]

1684. You are an ophthalmic surgeon?—Yes.

1685. Have you discussed this matter at all with your colleagues?—No.

1686. Never at all?—No.

1687. You do not know their views as to whether they are satisfied with the homes?—No; I am only speaking for myself.

1688. Has the question never arisen in speaking among one another on the staff, whether they are satisfied with the homes in Doncaster at the present time?—I presume that it happens in practice like this: one man is satisfied with one home and another man is satisfied with another home. One man will send his cases to only one nursing home, and the other will send his cases to another nursing home.

1689. That is what happens with regard to Doncaster?—It generally happens in other places which I know little about. A surgeon has a preference and he sends his cases to a certain nursing home.

1690. Have you any preference among the three?—I used to have a preference for one, but now I have not any.

1691. Is it because you have had any troubles with any particular one?—I have had no trouble with the staff of any of them, only my patients having complained about various nursing homes of all the types, I did not find there was anything to choose between them.

1692. So far as you are concerned there is no competition between them which makes one better than another?—No.

1693. Are they all exactly the same class, the same charges and the same sort of arrangements?—With this modification, in some cases you can get reduced charges for special cases. You can tell them: "This patient cannot pay the same price," but comparing them the charges are more or less uniform.

1694. They all range between what?—At about six guineas or five guineas for the room to themselves, and about three guineas or four guineas for a common ward where there may be three or four beds; it may be two guineas at times.

1695. I think you said you approved of that system of having a common ward?—If there was sufficient room and proper nursing.

1696. On the question of treating the patients by not fully trained nurses, you admit the fact that under proper super-

vision there is a scope for a certain number of untrained nurses in the profession?—But not in private nursing homes.

1697. Why in private nursing homes more than in the general hospitals?—I will explain according to my views. In a general hospital there is always a senior surgeon, then there is a house surgeon who is always resident on the spot, then there is a sister in charge of the ward, then there is a staff nurse, practically a fourth year nurse in the ward, then there is the matron to look after the whole, then there is the home sister, the resident sister—there are so many people supervising that there is less chance of a junior nurse getting an opportunity to do a thing which she should not do.

1698. You think there are no parts of the work of a nursing home which could be done by untrained people?—The part of the work which should be done by untrained people, cleaning grates and all that, should be reserved for maids and not untrained nurses.

1699. I am not speaking about that.—That is done at present; nurses have to do that.

1700. I am speaking about the feeding of helpless patients.—I will give you one instance—I will not mention the name of the nursing home. You would not expect that a fully trained nurse would ask her patient to wait for her convenience when the patient is bedridden, which happens in these places. Only an unqualified nurse could make such a mistake or could be so inconsiderate.

1701. I have heard complaints of that being done by trained nurses before now. If it is so, I would not say they are spotless, just as we medical men are at times at fault, and all of us are likely to be at fault; but if that is so it is all the more reason why the rules should be more stringent.

1702. With regard to this high standard you mention here of what a nursing home should be, I have nothing whatever to cavil at in that. Speaking from the point of view of legislation, do you consider it is a practical standard to work to at the present time?—We can only keep that ideal in view and have it as far as we can for the interests of the patients.

1703. We are out for legislation. Well, I only suggest what appeared to me the best. The Committee is the best judge to see how far financially it is possible.



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[Continued.]

1704. You are not looking at it from the point of view that a standard of this kind will probably or might probably eliminate nursing homes altogether?—No.

1705. From that point of view would you look upon it as desirable to have nursing homes eliminated?—No. I am a well wisher of any capable and conscientious nursing—trained sisters who are nurses who want to exert or utilise their business capacity by starting nursing homes; I want that they should get the chance. But if the nursing homes, as some of them are, are as bad as they are now, in course of time people will prefer to go as paying patients to the public hospital. I have heard many a patient say: "Doctor, if I had known I should have gone to the infirmary".

Dr. *Shiels*.

1706. Have you known any cases where the patients were neglected owing to the nurses being overworked?—Many, I think; it is because there is not sufficient staff.

1707. And in many you think they are overworked?—Overworked and unqualified staff, both. Sometimes they have to do maid's work.

(The Witness withdrew.)

Mr. J. DAVIDSON, called and examined.

*Chairman*.

1712. You have been a patient, have you not, in a nursing home?—I have.

1713. Would you like to tell us where that nursing home was, or would you rather not?—I would rather say in the North of England.

1714. What type of nursing home was it?—Quite a good class. I may tell you the fee I paid was 10 guineas a week; it was very well furnished and all that, and I have no complaint to make whatever with regard to the food; it was quite good. But I should not be appearing here if I had not some very grave cause of complaint with regard to that home. Shall I just give you what I have to say?

1715. I have a very short statement of yours here; I think it will be best if you just tell us what your experience was.

*Miss Wilkinson*.

1708. Coming to the question of inspection, what kind of inspection would you suggest would be necessary of nursing homes?—I am in favour of inspection by a man who is a recognised medical man plus a trained nurse, for instance, a senior sister or a matron in a neighbouring hospital—not of the local hospital. She should be from one of the first-class training hospitals; she should be the inspecting person.

1709. You think it is necessary to have the nursing inspected?—From time to time. The mere idea of someone in a position to claim inspection will improve matters a great lot.

*Chairman*.

1710. Is it your experience that most of the cases which are taken into nursing homes really arise from emergency, so that the patients themselves have never had any opportunity of knowing anything about the nursing home to which they are going?—In 95 per cent. or 99 per cent. there is no choice; they are too ill to think of it.

1711. Where were you trained yourself?—Edinburgh.

*Chairman*.] Thank you very much; we are much obliged to you for your evidence.

You have heard the sort of questions we have been asking, and you must have fairly well gathered what we are trying to find out.—I am not a professional man as being a member of the medical profession, although I am a professional man as being an accountant. Fortunately or unfortunately, my experience has only been with one nursing home. In 1922 I dropped a weight of about 80 lbs. on my foot, on my big toe as a matter of fact. I did not bother much about it. Eventually I went to the North of England, as I always go every year, and it was getting very bad, suppurating under the big toenail. It would not get well, so the doctor told me: "I think this big toenail had better be taken off," so I had to go into a nursing home. I had a very clever surgeon who does a lot of operations at Leeds. The operation was a perfectly minor one; it



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[Continued.]

was a perfectly simple one; and there was no reason why it should not have gone off absolutely all right or why I should not have come out of the home perfectly fit in three weeks or a month, but through absolute neglect on the part of the nurse who bandaged up my toe and looked at the toe twice or three times a day, bandaged it up but never washed it for 17 days, the result was that I nearly lost my life from blood poisoning. It was whilst I was staying at the hotel; I was taken away from the nursing home, and the blood poisoning came on the second day after I left the nursing home. I had to go to bed for three weeks at the hotel at very great expense. I had this blood poisoning and I had to have the surgeon. He came to see me every day. This nurse used to attend to it and she bound it right up and never washed it. That was the cause of complaint. While at this hotel I had plenty of time naturally to think about it, and I came to the conclusion then—that was in 1922—that all nursing homes should be registered. I should not come here to-day unless I felt very strongly upon that point. That was in 1922, and I have been on the subject ever since. I have always been talking about it, for I feel sure that if things are going on like that at the nursing home where I was, I do not know what must go on in other places.

1716. You say here: "I discovered afterwards that there was no strict supervision." Did you discover that except by your experience? I could not make out why it was that I never saw the matron. She poked her head in at the door for about two minutes only very occasionally and went off again. Afterwards I discovered that there was a man staying there who lived in the place, who was very fond of, well, raising his arm, and eventually the matron was taken with it, and those two together, I discovered afterwards, used to drink half the time, and she used to be dead drunk. The result was that there was no supervision whatever. The nurse used to say to me: "This is Liberty Hall; we do just as we like." I must really confess I had never been in a nursing home before, and I feel that I ought to have been a little more brave and stood up to the nurse, but I felt I was in her hands.

1717. Did you find out at all whether she was a trained nurse?—She was quite a trained nurse, yes—the matron was.

1718. I mean the nurse who attended to you?—Well, I could not say whether she was trained; she said she was; she did not bother about me at all. She simply was after her pleasures—dancing, smoking and various other things.

1719. Were you well attended to? Could you ring your bell and get attended to?—I could ring my bell, yes, and I used to ring it too, but I used to get a jolly good slating from her, and when you are in that position lying in bed you feel a bit helpless. I could not stand up to them at that time. I felt that if I did I should be worse off, so I had to lie low.

1720. It means that you did not get attendance when you wanted it?—No; that is so.

Captain *Ernest Evans*.

1721. This was a well-established nursing home?—Yes, quite so. My doctor, who I have known in the North of England for 30 years, sent me there because a few years before, his son, who was in the War, went there with a very bad operation.

1722. Did I understand that you were 17 days in the nursing home?—I was 17 days in the nursing home, and my feet were not washed the whole of that time. The toe was looked to regularly because, of course, the surgeon saw it.

1723. The surgeon was in attendance on you the whole time?—Yes, the whole time.

1724. Did he come in and see you every day?—Every day at the first, yes.

1725. Did you ever tell him that your feet were not being washed?—No, I did not. I told you I was under the influence of this wretched nurse.

1726. I thought the presence of a man might have given you a little courage?—I knew I should have caught it hot when he had gone. I feel now that I ought to have told the surgeon, of course.

*Chairman.*

1727. You did not realise that your feet ought to have been washed?—Well, I was so ill. I do now, of course. I do in the ordinary way, but I was so ill that I did not bother about anything; I left it to them naturally.

*Sir Richard Luce.*

1728. You say that this blood poisoning was due to the neglect?—Yes.



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[Continued.]

1729. Did your doctor tell you so?—Well, I will tell you this: I intended to bring an action against the nursing home. I quite felt that I had a good case; but then I asked the surgeon and he would not say one way or the other.

1730. In fact, he could not give evidence that it was due to it?—He could, but he would not; that is how I felt it. He could not deny it.

1731. He would not commit himself to the fact that it was due to it?—No. Of course it was; there was no question about it.

1732. Was it erysipelas that you had?—Originally?

1733. No; the blood poisoning?—No, the blood poisoning went all up my leg; it nearly went to my heart—a red streak.

1734. That occurred how long after the operation?—Well, I had 17 days in the nursing home, and then two days after that.

1735. It did not occur until after you had left the nursing home?—No; immediately.

1736. The infection might have occurred really after you left the home?—Well, it did, because when I got home I washed my feet myself.

1737. And it was not until that happened that you began to have infection?—That is it; it was the cause of it.

1738. The washing was the cause of the infection?—It was simply because of not being attended to properly at the nursing home.

1739. You really had taken the case more or less out of the hands of your nurse before you got the infection?—No, because I used to go back to the home to have it attended to then. After I left I went to the hotel and down to the nursing home to be dressed twice a day.

Mr. Cecil Wilson.

1740. You do not think you got any dirt in it while you were performing this operation yourself?—Oh no.

Sir Richard Luce.

1741. Then with regard to this question about the matron, you say the matron was drunk on occasions; what evidence have you of that—from the nurses?—Well, I discovered it afterwards.

1742. From personal observation?—Well, it is very difficult from personal observation, because you never saw her

1743. So that you never actually saw

her the worse for drink?—No, but I was told so and that was the cause of it.

Mr. Cecil Wilson.

1744. When was the first time you noticed there was something wrong with you, and things were not going right?—Well, till I got the blood poisoning. Of course, I do not understand these things.

1745. When was that?—That was two days after I left the nursing home.

1746. And you made no complaint whatever to your doctor at the time?—Of course, I immediately telephoned to the surgeon and he came round at once, and he sacked the nurse; he sacked all the nurses that attended to me at that home and got a special one himself.

1747. Was it his home?—No, not his home; he has no home, as far as I know; but he got rid of the nurse at once, and I had a special one; he sent one.

Dr. Vernon Davies.

1748. I would like to understand a little bit more about your operation. As far as I understand, you had a sceptic toe?—Yes.

1749. Had the toenail removed?—I had to, yes, because it would not heal.

1750. Exactly. After that were you having dry dressings or fomentations, or what?—I had fomentations to the big toe.

1751. For how long?—It used to be perhaps twice or three times a day.

1752. But I mean for how many days? When did it come to the dry dressings?—I had the dressings right up to the 17 days I was there.

1753. So when you left the home really your toe had not healed?—No. If you understand, the big toe is not like an ordinary cut. An ordinary cut will heal up very quickly, but a big toe is a tremendous gap, and it takes three weeks to heal. It takes nearly 12 months for the toenail to grow on to it again.

1754. I am a doctor, so I understand a little about it?—Well, I am not.

1755. What I mean is, was there any sign of it healing when you left the nursing home?—It was gradually getting better.

1756. When you went to your hotel what sort of dressing had you on it?—The same as before.

1757. The ordinary dry dressing?—Yes.

1758. And the nurse came to the hotel to dress it?—Or I went there.



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Mr. J. DAVIDSON.

[Continued.]

1759. You never dressed it yourself?—Oh no; never.

1760. Being in the home 17 days you left apparently without any sign of blood poisoning?—Yes, apparently.

1761. You would have expected it to come on sooner if it had been anything due to the operation?—If due to the operation, certainly.

1762. If you were in the home 17 days and the thing was gradually healing and you were doing quite satisfactorily, why should you say two days afterwards, because the thing went wrong, that it must be due to lack of ordinary precautions and cleanliness necessary after a surgical operation?—That is what I say.

1763. Why should it have taken all that time to develop; why did it not develop in the home?—Because when I went to the hotel I cleaned my feet, and no doubt in the operation of cleaning in between the other toes it may have got infected in that way.

1764. So that you really caused the infection?—I might have, yes. I might have done it in that way, but I was very very careful, because I knew what it would be if I did.

1765. You do not think it is possible that the thing might have come on quite independently?—No, absolutely.

1766. You are quite convinced that it is due to the neglect of the nurse?—It was not disturbed while I was at the home. Directly it was disturbed it set up an infection.

1767. You are quite convinced it was due to carelessness?—Absolutely so convinced that I intended bringing an action against them, and I think I should have been successful.

1768. You had no abscess, I suppose? You had this red streak up your leg that you spoke of, but it did not form an abscess?—When the nurse dressed it about the second day she was alarmed; it simply spurted out.

1769. But it did not form an abscess?—No.

1770. You did not have an abscess in the groin?—No.

Mr. Haslam.

1771. So far as you know, the nurse dressed your toe efficiently?—Apparently.

1772. You have no complaint in respect of the actual dressing?—No. Apparently it was so, because the surgeon

seemed to be quite satisfied as it went along.

1773. You think the actual dressing was all right?—Yes, I believe so. Of course you cannot tell whether the water was properly antiseptic.

1774. But so far as you know?—So far as I know, yes. The doctor seemed satisfied, and at first it seemed to get along quite all right.

Dr. Shiels.

1775. Apart from this special injury to yourself, what was your view of the general conditions of the home as regards nursing?—Well, naturally I did ask. Another friend of mine was a patient there at the same time; she had something taken out of the throat; adenoids or something like that; and she was quite satisfied.

1776. And were you kindly enough treated and properly attended to otherwise?—Yes, except that I shall never forgive that nurse, that is all. She never attended to me properly in the sense that she was more taken up not with the patients but her own pleasures.

1777. Did she neglect you in any way?—Well, she would say: "Oh, I have no time to attend to you. You must get on with it yourself. I have other people to attend to."

1778. Had she a number of other people to attend to?—I think she had three or four or five probably.

1779. Four or five people to one nurse?—Yes.

1780. Were they all surgical cases?—I could not say; I only knew one personally.

Chairman.

1781. Generally you think that registration would do away with these evils?—I think so; I strongly think so. I think it is a very good thing for the Government to get a little extra money. I have got some ideas. Mr. Churchill seems to require some money; I think it an excellent way. They can easily afford it.

Sir Richard Luce.

1782. How do you consider that the evils that you are referring to would be got over by any ordinary kind of inspection?—Well, I say that all the nurses, first of all, should be absolutely fully trained.



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Mr. J. DAVIDSON.

[Continued.]

1783. But you have said that this one was, as far as you know?—As far as I know, but I want to know that they are.

1784. Taking it for granted at the moment that this particular one was trained, as she says she was, how would registration help it from your point of view?—Simply because there would be a proper supervision of the home and the matrons would not be allowed to get drunk, at any rate; they would be sent off straight away.

1785. How would you expect to catch the matron?—I look upon it just the same as registering a motor car.

1786. After all, she might have been caught by the doctor at any time?—You

have got somewhere to go to make a complaint.

Miss Wilkinson.

1787. "Drunk in charge of a nursing home" is a new offence, I suppose?—You have got somewhere to go, I think.

Chairman.

1788. Thank you, Mr. Davidson; we are very much obliged to you for your evidence.—I am afraid it has been rather poor.

Dr. Vernon Davies.] It is definite evidence on a certain point.

(The Witness withdrew.)

Mrs. E. F., called and examined.

Chairman.

1789. You have some evidence you would like to give us; I think probably you would like to state it in your own way, would you not?—My evidence does not concern nursing homes in themselves. My experience has been uniformly happy as to nursing homes, but my point is that everybody who takes a patient for profit, medical men included, should be registered and inspected, and because of an unhappy experience that I have had in this matter I have come forward to-day. I want to say this, and in saying this to you I know I am up against the British Medical Association, for whom I have been brought up in profound respect, because I am the daughter, wife and sister of doctors for generations in every direction; therefore I belong to the medical profession, but I am sure that any house of a doctor who takes in patients for profit should be inspected and registered.

1790. This is a definite case of a patient who was taken by a doctor into the doctor's house without the relatives of the patient knowing the type of accommodation or anything about the house or the doctor?—Well, not quite like that. It was my husband; he was ill. He had a very difficult illness which was not diagnosed. It was caries of the spine, which I believe is extremely difficult to diagnose, and an abscess on the inside of the spine which could not be discovered. It was diagnosed wrongly. I was then

recommended by the head of a great institution in England to a doctor's house. The prognosis was only two months of life. It was very difficult to find a place to remove him to, and I was introduced to this doctor who took in patients. He was a nice man, he was an able man, and against his medical attention I have nothing whatever to say. He told me I was to pay 5½ guineas a week, as my husband was a medical man. For that he was to have board residence, medical attention and skilled nursing. I particularly asked for skilled nursing and more than that, night nursing. The idea was to leave him down in the country, because at my own home, a doctor's home in the town, there was no garden. We did it in a hurry, and it had to be done at once, because the diagnosis was made suddenly. We went down to this doctor's house in the country. He told me he took two or three other patients. He took a large number of patients.

Sir Richard Luce.

1791. How many?—I never was able to count them, but I should think 20 or 30 or more—anyway 20 there in the house. He said he had an admirable place for my husband. My husband had had phthisis. When we got down there I found it was the loft of a barn. It was quite clean, and it was well fitted up, and the beds were adequate. It was quite suitable, and as it



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[Continued.]

was May, it was all right. When I got there I was rather dismayed to find that the person told off to attend him was an untrained woman, a young woman of 27 who looked desperately ill. I spoke about this at the time, and I was assured that she was 27 years of age and, although not trained, was quite competent to look after him well.

*Chairman.*

1792. Did he want day and night attention?—I stipulated for day and night attention. I stayed one day and then I went home. I have the doctor's letter here. He said it would be better for me not to be there, but only to keep coming, not too frequently, because his temperature would settle better if I went away and he had no excitement. I went away for a few days, and then I had a letter to say he was not very well, and I came back again. I found him at the end of about five or six days absolutely forlorn and miserable. The young woman who was left with him was taken ill the next day. In her place had been put a village woman of the poorest type, who was put to sleep in a bed behind a screen, who attended to him in the night in her chemise and flannel petticoat. It was most disgraceful. She put her clothes in his drawers and in his wardrobe on the top of all his things. He had never had the barber to attend him, although I had most expressly stipulated he should be attended to in every possible way; therefore you see he was five days unshaven, and I was very indignant. He begged me not to leave him again with this really terrible person, a completely ignorant woman. I was very angry indeed. They knew I had come down. She came upstairs and announced she had been sent away, and she took her things out of his drawers. Her dirty old cloak was on his shirts, and things like that. I went down and expostulated.

1793. Did you see the doctor?—I did. At the same time he was apologetic and said: "I was afraid she was not quite up to our class of nurses," and then he said. "I am taking a nurse from another patient whom I am sure you will like in every way." He said: "Of course, you quite appreciate the fact that we were in a great hole through the attendant's failure of health." I may add that my husband was peculiarly anxious not to

give any trouble or to make any difficulties. During the day a nice looking young girl came up dressed in full nurse's uniform, a pleasant girl, only young looking. From her nurse's costume I took it that she was a trained nurse. That day I went and slept at my lodgings opposite. When I came the next morning I was watching her attend to my husband, and I realised that she had never had the slightest knowledge of how to make a bed. When I tell you, you will appreciate the fact. she went up to the patient and took off the whole of the bed clothes from him and threw them off, leaving him completely exposed. I said to her: "Have you never made a patient's bed in your life?" She said: "No." I said: "Are you not a nurse?" She said: "No." I said: "Have you ever been in a sick room before?" and she said: "No, I did not want to come now." It was disgraceful. She had never seen a sick person before. She was a girl only of 18 or 19—a nice young girl. Of course, I expostulated. Later I said to my husband: "How did you get on in the night?" He said: "There was another woman here in the night." I said: "Who was here in the night?" and I found this girl had been frightened at being left alone in this loft with a sick man, and had gone down into the village and fetched her mother in to come and stop with her. Of course, I was very upset about this. When my husband went there as this place was quite away from the house, I was promised that there should be a bell. No bell had been put in, and there was no means of calling anyone from the house, nor had the nurse who was with him at night any means of communicating with anybody. Then I made a fearful fuss. My husband was operated on, but it was completely useless and he died in three weeks. I got him a trained nurse at my own expense for which the doctor not only charged me fees, but also wanted me to pay board and lodging in addition to the payment on top of all his fees. I had a dispute with him afterwards, and I wished the matter to come into Court. He said he would put me into Court if I did not pay. At that time I was extremely anxious to face it in Court, and I said: "By all means. I wish you would," but naturally and needless to say he accepted a lower settlement, which was paid to his solicitors.



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[Continued.]

1794. Did you find out at all whether any of the other nurses in this establishment where they took 20 to 30 patients were trained?—He had not a single trained nurse on the premises.

1795. Are you sure of that?—To the best of my belief, there was not one single person. Of course, a great many of these people were borderline cases. I did not know this at the time. He told me he had one other phthisical young man there, I did not see that young man myself, but he was put in what he called the cottage. I used to walk up and down outside this cottage. It was a grey, stone, dullish little place with very small windows, and I used to long to go in and see if I could see that young man, because I thought he was very unhappy. The only person who waited on him was a village woman, not in uniform at all and no pretence to it; a homely and I dare say quite a pleasant woman out of the village. The doctor came up in the room one day and talked to me. He said, mentioning this young man: "I will have no bother with him. He is always grumbling. He wants to get away, and he is never satisfied." I said: "Has he no friends to visit him?" because I was feeling indignant. He said: "No. He has got no friends, only an old father, who comes sometimes. I told the old father that grumbling is a sign of illness." Of course it is not a sign of phthisis. Hopefulness is more a sign of phthisis. Eventually that man was also dead in a few weeks. He did eventually get away with difficulty.

1796. Did you discover whether the nurses were untrained?—I asked. I had a room opposite and the people there or their sisters were nursing there.

1797. It was generally known in the village that there were no trained nurses in the whole establishment?—No trained nurses there at all.

1798. You are sure of that. I just want to know, because it is rather important?—I can only tell you to the best of my belief. I asked for a trained nurse. I have the letter I wrote. The day the first attendant was taken ill, the cook, the charwomen and the terrible woman were the only people who were available for any illness on that doctor's premises.

1799. There was no nursing staff at all for these 20 patients, as far as you know?—As far as I know, there was none.

1800. That was common knowledge, you say, in the village? It must have been

known in the village whether there were nurses there or not?—I spoke to the other doctor in the village; I have his letter here with me; and he said that he and his wife had talked over the people who attended to these people. I suppose the doctor whose house it was intended to take chronics, but there were all sorts of patients, and they were tucked away in all sorts of holes and corners. I remember I was introduced to this nursing home by a leading consultant of to-day.

1801. Do you suggest he knew nothing about it?—I went and told him.

1802. What did he say?—He said he knew the doctor. He said: "Did you like him?" I said: "I have not a word to say against the doctor. His medical attention was in every way excellent." I went straight up after my husband's death and put the whole matter before him. I said: "Do not ever send anyone there again."

1803. Was he surprised to hear your account?—Yes. He said: "I know the man. He is a good man. He is an able man." I said: "So he may be. I have no word to say against his medical attention."

Mr. Hurst.

1804. Did the doctor to whom you made this report say he would speak to the doctor who ran the home?—Do you mean the second doctor to whom I referred?

1805. The consultant who sent him there?—Oh, yes.

1806. You reported this to the consultant?—I did. He was not a consultant then; he was the head of one of the biggest institutions in London.

1807. Did he take any action, do you know?—I left it to him. My husband was dead and I could do no more, but I spoke to him very strongly. I could give you his name if you wanted it, in confidence, and you could refer the matter to him, because he would know all about it.

1808. Is this nursing home going on still, so far as you know?—I looked it up in the medical directory at my brother's house yesterday. The doctor is living at that address, and I presume it is still going on. Of course, you will understand this was in 1913, and I do not know how things have been altered since.



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[Continued.]

Mr. Haslam.

1809. Did this doctor at this home take any particular class of case, or did he take any case. You said something about borderline cases?—Yes. There were two houses, and I think one house was full of people like inebriates, you know—people getting better from that sort of thing, and borderline cases—melancholia.

1810. Mental cases?—Yes. I must say I would have been afraid to be up in that room alone at night, because they were prowling about. There were no actual lunatics, but cases of depression and so on. He told me they were not all phthisis, but he had one other phthisical case, and he certainly had this young man who was very unhappy, I was told by the people there.

1811. He had a few phthisical cases, but otherwise mental cases and inebriates?—Yes. He had one bad mental case. He had this phthisical case, I know. I do not know what the other cases were, because I was only there three weeks, but he had this one very bad case. I have a letter from a doctor in which he tells me that this phthisical boy died in the September following.

1812. He had no trained attendants for the mental cases, so far as you know?—No.

1813. Were there any male attendants?—No. He had a secretary. A lot of them were, I presume, inebriates; men who were getting over that sort of thing. He had an epileptic.

1814. And they were looked after by untrained women?—Yes, both my husband and the phthisical case. There were other people there too, and each of them were allotted a woman to themselves, who apparently slept there in the room, or in a room adjoining. This young man had his woman there at night—a village woman. When I spoke to the doctor about my husband having skilled attention he said: "Of course, you quite agree with me that all cases do not want skilled nursing," and I quite agreed, because I consider that it is not always necessary for chronic cases to have it.

1815. Did this doctor have a practice beyond this?—I do not think he had.

1816. He simply devoted himself to these patients?—He used to come up to London. He came up to this place to which I referred. He used to come up there for study.

1817. Was he a young man?—No, he was not; he was a middle-aged man.

1818. You have no objection about giving the name of the consultant with a view to asking him about it?—Oh, no, not at all.

1819. It was a mental case?—No. A medical man will appreciate this complaint. My husband had caries of the spine. That was not found out until after his death. There was a post-mortem. He had this acute and terrible pain, and he used to be on his hands and knees, and they said it was hysteria. They said there was no cause for this terrible idea of pain. They said, therefore, that he was worse when I was with him, because I sympathised with him. He had 14 different medical men to attend him. I had endless people to see him, and they all could find nothing. He, as a medical man himself, could never account for it. He said: "If I did not know I was suffering this terrible pain I should think it was hysteria." I then took him to a London hospital so that he could be seen by the staff. There he had a "psychosis fatigue"—do you call it. He became so sub-normal in temperature he did not know what he was doing. He was seen by a mental specialist, and it was advised that he should go into a mental hospital to see if anything could be done for him. I begged them to X-ray him, but they pointed out to me that one cannot X-ray pain! They would not believe there was any cause for it. One day I went to see him and found he had a temperature, and I had an outside specialist brought in to see him. Then the true cause was at last diagnosed—caries of the spine. They were then terribly sorry about it. This was only three weeks before his death.

1820. So they thought it was a mental case and they sent it to this man because he had a mental home more or less?—No. By that time they had diagnosed this other trouble.

1821. Before he went to the home, you mean?—Yes. He was moved from the mental hospital in a great hurry. He was never a mental case at all. He had been in a sanatorium for tuberculosis, and he had been one of the prize cases there, because he was such a wonderful cure when he came out. He had general tuberculosis. I think his case was afterwards written up and published without his name in



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[Continued.]

the medical papers. The point was that this doctor in his own house took him, having seen the specialist, knowing that the prognosis was only two months of life. Of course, we all hoped that it might be wrong, as they had been wrong before, and if he could get away into the country he would improve. But he took him knowing all that, knowing what had been diagnosed and knowing his condition, and he was put under that sort of nursing. I say that everybody who takes a case ought to be registered and inspected. There was that boy there with no means of getting at anybody or getting anybody to get him out of that place, nobody knowing how he was treated, because there was no one to appeal to except an aged father, who was only told that the complaints were symptoms of the case. I think that everybody should be registered who takes a patient for profit.

1822. Mr. Cecil Wilson: Was this village on the railway?—No.

1823. How far from the railway?—Three or four miles.

1824. What was the size of it; have you any idea of the population?—Not the slightest—a small village.

1825. Was the house itself a large house?—It was an old house that had been added to—bits stuck on to it all over the place.

1826. These patients to whom you refer would walk about the grounds, would they?—Yes.

1827. Going out into the village would they not be seen by the village people?—No. They were rather depressed cases, and so on, you see. Of course, they were not mad, or anything of that sort.

1828. Would the village have much idea of what was going on there?—Well, I had no opportunity of judging that. I did speak to the other doctor about it, but he said, of course, it was very difficult in his position to say anything about his colleague there.

1829. How many patients were there altogether, do you say?—I never could count them, but I am sure there must have been at least 20 in the two houses. Some of them used to go out and about; some of them were free to go out anywhere, because they were only there to be looked after to try and correct their habits.

1830. Each having a separate room, so far as you know?—Yes.

1831. And having their meals there?—Everybody, apparently, had their meals in their own rooms. I never saw any common room of any sort. A tray used to be sent up to me when I was there.

1832. You never heard of any complaints from any other patient there except this young man?—I never spoke to anyone there.

1833. Dr. Vernon Davies: I take it you did not object to the barn as a barn; it was quite a satisfactory place for a tuberculous patient?—For a phthisical patient—open air treatment—it was quite nice.

1834. The only difference there being that you had to go up a ladder instead of upstairs?—Yes; there was only a trap-door in the floor.

1835. And being separate from the house?—Yes.

1836. And you could not get immediate attention from the nurse on the premises?—That is so.

1837. It is your opinion that he had no trained nurse on the premises at all?—That is my opinion.

1838. But that he depended for his nursing help on ordinary women and young girls from the village?—Yes.

1839. Therefore, it is quite possible that the whole village would know what was happening in this so-called home?—I should think so, but they did not think it was very funny. They got money out of it; they were quite pleased.

1840. They thought, perhaps, being in the country, it was quite the ordinary way of running a nursing home of this type?—Yes. The village people who were there were all benefiting by this, of course.

1841. With regard to the girl that turned up in a nurse's uniform, did you point out to her that it was apt to deceive people?—I did.

1842. What did she say?—She said the doctor had explained it all to me, and he thought I should like her to look nice. She had been attending to an epileptic girl.

1843. So, although you have nothing to say against the treatment or the skill of the doctor, you probably would be inclined to say that he practised, to a certain degree, a little deception in putting untrained women into nurse's uniform?—Yes.



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[Continued.]

1844. Although there is nothing illegal in doing that?—No, but I think it should be made illegal.

1845. It is apt to create a false impression which you do not approve of?—That is so. On the other hand, I do not disapprove of a certain amount of not fully trained help. I was in France for three years, and I saw the V.A.D. work.

*Chairman.*

1846. But you yourself did get an understanding with the doctor before your late husband went there that he was to have trained nursing attendance day and night?—Of course.

1847. And that he never got?—Certainly I did, and I thought for the money I was entitled to it at that time in 1913.

*Captain Ernest Evans.*

1848. Had this doctor got a plate up, do you know?—I do not remember. I rather think he had, but he did not practise, I am sure.

1849. There was one other doctor in the village only?—Yes. I want to say that I do think in other places I have come across, if they could have registration and inspection, it would greatly improve matters. A friend of mine, who had depression, was in a doctor's house. They were extraordinarily kind to her; she was very well treated and fed. They lived right away in the depth of the country. The doctor's wife was an elderly lady who had no use for clothes—you know what I mean; she did not care about her dress. My friend was always used to dressing in an extremely dainty and nice way. She was very depressed in her mind. When I went to see her they told me she would not look at anybody or see anyone. She said: "How can I. Look at the things I am in," and she was in rusty old black. She really ought to have had proper dresses, all looking nice. I spoke to the doctor, and he said: "It had not occurred to me." I think if there was inspection and registration they would improve these things.

*Sir Richard Luce.*

1850. Do you say you never saw any people who had any responsibility for

looking after the patients except these people?—I never saw anyone.

1851. There was no matron?—No, not the slightest.

1852. No housekeeper?—The doctor's wife did the housekeeping.

1853. Did she appear?—I saw her. I used to see her walking in the garden a very little.

1854. She never came to see that the food was right?—I think she served it up at the kitchen. I think she always served it herself. It was always quite nicely served up. They were never asked whether they would have any more, or anything of that sort, but that did not affect us. When I went away they said they would go and see him, but nobody ever went near him.

1855. He was never seen by anybody other than the ones looking after him?—The doctor went in to see him twice a day and this terrible woman. If he had not had a wife to go down to see him, if he had been friendless or without people, the condition of things would have been too deplorable.

*Dr. Shiels.*

1856. Were the patients all from a distance?—I do not know where they all came from.

1857. You do not know whether there were any local cases or not?—I do not think they were local patients. I gathered they were brought from a distance. One of two that I heard of—only through the talk while I was staying—I heard came from London.

1858. This was some distance from London?—Yes.

1859. Did the doctor attempt to justify the lack of trained nursing to you when you expostulated with him?—He did when I went back the second time. When I got into his room he began to bluster and to bully me. I could not think what was wrong, and I came to the conclusion that he was trying to cow me, do you see, and I was very angry and upset. I and take my husband away. He said: "Oh no, he is too ill to be moved." I said: "I shall wire for the consultant to come and see him." Then he came round and agreed that it would be better for him to have a trained nurse, and a trained nurse was got from a distance.



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[Continued.]

*Sir Richard Luce.*

1860. He made some obstruction to getting a trained nurse?—He did not suggest it; I suggested it.

*Dr. Shiels.*

1861. Was your husband in plaster; it is spinal caries, was it not?—No, he was not in plaster. It was not diagnosed for a long time. Then there was a post-mortem, because he had been such a difficult case.

*Dr. Vernon Davies.*

1862. You have mentioned a second nursing home now, a doctor's home, where the thing was not satisfactory. Do you object to mentioning the name of that place?—I cannot say it was not satisfactory; I only say that I think if they were inspected and registered it would be better.

1863. I see your point, but it was a definite instance; another aspect?—May I mention one other case I knew. It was a doctor's widow, but a doctor was living there. They took in a large number of epileptic girls. I went to see them. They were kind to them, I am sure, but frightfully crowded. There was no inspection and no one to look after the interests in any way or shape. If a person has got an epileptic girl they are only too glad to get rid of her very often. They were taken, any number crowded into this house, six or eight crowded in a bedroom, and no one to inspect or register them.

*Chairman.*

1864. That was a doctor's house?—That was a doctor's house, too. All my experience of private houses I am referring to are doctor's houses. My experience of nursing homes has been good.

*(The Witness withdrew.)*

Miss DORA VINE, called and examined.

*Chairman.*

1872. Are you a nurse?—Yes.

1873. A trained nurse?—Yes, and midwife.

1874. What was the home that you went to? Did you go to a home after a major

*Dr. Shiels.*

1865. Is your general evidence that you believe in the inspection of doctor's nursing homes, because you believe that when a doctor is taking in patients for profit he is apt to permit inferior nursing in order to get more money for himself?—I think doctors should be no exception to the rule, but that everybody who takes in patients for profit should be registered.

*Chairman.*

1866. If nursing homes should be registered it is no excuse to say that it is a doctor's house?—That is my point.

1867. It is no safeguard to the patient that it is a doctor's house?—That is so.

1868. And there is no sort of suggestion in your mind that because it is a doctor's house the patient will be in any way better treated?—No.

*Mr. Cecil Wilson.*

1869. Do any of these homes that you know of do anything in the way of advertising, or do the patients go to them because of the recommendation of one doctor to another?—No. There are certain places where you apply for information, if you have a patient who is ill. You can write to various places and they will answer. They are always advertising, they will furnish you with a list of homes.

1870. What kind of places are you referring to now?—Every conceivable kind.

*Dr. Vernon Davies.*

1871. Nursing homes, mental homes, rest homes, border-line cases—anything you like. They advertise in the medical journals?—That is so. Stocker and all those people furnish you with names.

*Chairman.*] Thank you very much. We are very much obliged to you for your evidence.

operation yourself, or to attend somebody else who had had a major operation?—I had had the operation.

1875. Tell us what your experiences were?—I was very anxious to go to the seaside. My surgeon asked me where I



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MISS DORA VINE.

[Continued.]

was going to convalesce this time, and I thought of this particular place where I am living now, Eastbourne. I did not know any special place.

1876. You are a nurse and you did not know of any special nursing home at Eastbourne?—Well, I do not belong to Eastbourne, but I had happy memories of being there as a child.

1877. You wanted to go to a nursing home?—I wanted to go somewhere where I could be taken care of.

1878. What inquiries did you make to find out about the adequacy of the place?—I saw the sister of the ward, and she asked the priest to see me. He said he knew of a place; he used to work down there; and he put me in touch with a very good private nursing home there. I wrote and gave my circumstances and asked what the fees were, and so on, and if they could take me in. They wrote back and said: No, they were quite full up—I have the letter here still—but they could recommend me to a private nursing home where I should be very comfortable. They gave the address, and, of course, I wrote straight away. I wrote and said exactly the same thing; I put it in professional language. I told them the operation I had had, and that I did not want any actual nursing attention, but I wanted to go to a nursing home or partly convalescent home where I could get a certain amount of care, but no special night nursing or anything like that; and when could they take me. They wrote back that they would be very pleased to have me; they had a very nice room; very cheerful, and so on, and there was room on Thursday. I said I would come down in an ambulance, and I went down with two nurses in the ambulance as arranged. When I got there I was carried upstairs into a little tiny back room; there was no nurse, no servant, no nothing. There was quite a plausible little woman in attendance. I had practically lost my voice. I was feeling very ill after the journey. The nurse said: "You cannot lie in a bed like this. Where is the pillow?" I said: "Do not fuss. Let me lie still, whatever happens." All I wanted was to be let alone just that night. When I began to cope with the good lady I said: "Where are the nurses?"—"I have done a little nursing." I said: "I have heard that tale before. Where did you do a little nurs-

ing?"—"Oh, during the War I used to sit up." I said: "Yes, a lot of people did; but I believe you take in patients here?"—"Yes, we had another stretcher case on Tuesday." I said: "What is that?"—"That is a fractured femur, an old lady of 80. A doctor sent her here." That was quite true; that old lady is still there. I immediately asked for a doctor. I said: "Is there any doctor near here?"—"Yes, next door there is a doctor." I said: "A panel doctor?"—"Yes." He came in; I saw him alone and I said: "Whatever sort of place am I landed in? I came here thinking it was a nursing home. I have it in black and white. As soon as she caught sight of me she put an extra guinea on. I cannot possibly afford it. Can you get me anywhere; what can I do?" He said: "I can get you somewhere for seven guineas." I said: "That is quite impossible. My father helps me a certain amount, but I cannot do it." I said: "Are there any Queen's nurses here?" I could not have that woman touch my back. She did nothing for me; she did not know what had been the matter. She did not understand my words. She did not realise that I had had an operation and did not know what I meant. I said: "I can get in and out of bed and I can wash myself. I am certainly going to get better. I do not intend to lie and die here." There was no sun; it was an absolutely dark room. I am very proud of my profession. A nurse I got to know very kindly came in and helped me to get a little bit better, and bit by bit I crawled out and got a little better. The point I want to make is that the old lady is still there. I left, of course, when I was well enough, and could afford to go anywhere else.

1879. But you were only able to get any attention by getting somebody of your own in from outside?—Yes, who very nobly came and did it, and lately I have been able to repay that by helping this poor old lady who is still there and was covered with bed sores. Of course, the weak point is this: people say: "Why stay in a place like that," because one does not know where to go. I said to the doctor: "Where am I to go?" and he could not tell me.

1880. When you consulted the doctor about this he had no suggestion to offer?—No, nothing whatever. There are several cases like that. It is a tragedy. I nursed this old lady quite recently.



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Miss DORA VINE.

[Continued.]

She had bronchitis, and I was in the same house. They said, would I go up and see this old lady. She was in an unspeakable state—neglect pure and simple.

1881. How many rooms were there in this house; what was the staff of servants?—No servants at all, except a daily girl. There was no daily girl when I went there.

1882. The woman who kept it and the daily girl afterwards?—Yes.

1883. How many rooms were there in this house?—It was practically a lodging house. This good lady let out every room she could and lived in one room. There were two other lodgers really. One of the daughters was going to get married, and she wanted to make a little money, and made it out of us.

1884. There were two spare rooms where they kept you and this old lady with the fractured femur?—Yes, we had the two back rooms. After a little time she asked me if I would mind going down to the ground floor, because they had a patient, or at least someone who was not exactly ill—a nerve case—who did not want any nursing, who had been there before and would come back on consideration of having my room; so that I went down to the ground floor.

1885. Then this is not what you would call a nursing home in the ordinary sense of the term. She is just a lodging house keeper, who uses part of her lodging house accommodation for taking in a perfectly incapable and helpless patient?—Yes. She called it a nursing home, you see.

Dr. Vernon Davies.

1886. It was recommended to you as a nursing home?—Yes.

Chairman.

1887. Recommended to you by this other institution as a nursing home?—Yes.

1888. I cannot understand it?—That is not the only case.

1889. If it had held itself out as a nursing home and did not take lodgers and that kind of thing, I could have understood the other institution advising you to go to it as a nursing home they had heard of; but they could not have known anything about it at all. Did you ever tax the nursing home where you were going with it?—Yes. When I was

better I spoke to them. This woman had said: "My daughter is going to be married and I am going to take patients in. I have two rooms empty. If you have patients that you cannot find room for, will you send them?" They said: "Oh, do you do nursing?" "Oh, yes; I have nursed during the War." That is the answer.

Sir Richard Luce.

1890. Was the word "nursing home" ever used in your relations with this woman?—Yes.

1891. When you arranged to go down did she actually say she was a nursing home?—She did not use it in her letter, but I put it in mine. I said: "I understand you have a nursing home," and in her letter she agreed to take me, knowing I considered it a nursing home.

1892. Did she know your condition at all?—I told her distinctly what was the matter. I wrote to her as a nurse, and if she had been a nurse she would have understood.

Chairman.

1893. It was all double Dutch to her?—Quite, and she had not the sense to go and ask somebody what was the matter.

Sir Richard Luce.

1894. Did she show signs of being a little flabbergasted when she found what sort of case you were?—As soon as she saw my face and saw I had nurses with me and looked as collapsed as that, she put an extra guinea on at once.

1895. She was not really prepared for the class of case that you turned out to be?—No; she did not know.

1896. She was not expecting to get that class of case?—But she did not mind that as long as you paid her. Two doors away there is a trained nurse who gives her best rooms to taking in one or two patients for small operations—really, a nursing home. She gets on better. She is a *bona fide* nurse and does them well. It is a house of exactly the same class, but she gives her best rooms, and she has good results.

Mr. Cecil Wilson.

1897. You went to this place that was an actual nursing home to inquire; was that it?—I wrote from hospital.



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Miss DORA VINE.

[Continued.]

1898. What did you tell them you wanted?—I told them that I had had this operation, and I wanted to come down to convalesce; that I had only just had the operation; it was only three weeks since the operation. I did not need actual dressing. I wanted care and I wanted nursing, really. They had not room, and they recommended me. I simply asked them for a room. I did not ask them to recommend me, if they could not put me up.

1899. If you simply said that you wanted to convalesce after your operation, and it was not made very clear that you did want nursing in addition, I understand to some extent why they should send you to this place where there was no nurse?—The sister in charge did not know. She took her word for it when she said: "Yes, I have done nursing in the War, and I would look after a patient."

*Chairman.*

1900. That shows that she did not know anything about the character of this place?—No.

*Miss Wilkinson.*

1901. She was simply a friend, and wanted to do her a good turn?—Yes. What I feel about registration is, that one will never be able really to stop that sort of thing except by registration. It is where the overlapping comes, to my mind, of the nursing home and the convalescent home that the harm arises. It is where these chronic patients and the semi-convalescents are.

*Chairman.*

1902. That is the sort of thing I am so afraid of—the poor chronic and helpless patients. That sort of case goes on all over the country?—To my mind, quite an easy way, I imagine, of coping with that through registration would be to classify the homes. If you had a Class A home, like the first Witness this afternoon referred to, all fully trained nurses, on the lines of a private hospital, special building, and all the rest of it, call that Class A, and have only trained nurses. That would raise the status, of course, and the fees as well, and only a certain

number would be able to go. Then in Class B, for instance, you would have the sort of house two doors away from where I was, where there is a house exactly the same, but clean, a trained nurse, and where the best rooms, the sunny rooms, are given up to the patients. No lodgers are taken; only patients. That one could be registered, and given a certificate as a Class B home; it is quite suitable; but, at the same time, the house where I was would be stopped at once. It would not be passed because of the insufficient care.

*Dr. Vernon Davies.*

1903. How long had this old lady had a fractured femur when she was taken into this place?—She had just come from the hospital; I really cannot tell you exactly.

1904. Some weeks or months?—Yes.

*Sir Richard Luce.*

1905. What was the charge that they made to you?—Three guineas, and then they increased it to four guineas as soon as they saw me.

1906. When they saw you, did they prepare to provide a nurse?—Oh, no.

1907. For the extra guinea?—No. There was nothing whatever to be done for me. She was not able to do anything. I think I still had a bandage on, but there was no dressing to be done.

1908. How long after the operation was it that you went to this place?—Three weeks, but apparently they thought in those days that I was not coming to life again, or going to walk about again. I had had so much done, and had been so very ill that everyone thought I was going there to die.

*Chairman.*

1909. After all, it did you some good there?—I have done wonderfully well, considering but it has taken a long time. This is the third year afterwards.

1910. It is three years ago now?—Yes, nearly three years since I went. It has been a very long time.

*Chairman.*] Thank you very much; we are very much obliged to you for your evidence.

*(The Witness withdrew.)*

*(Adjourned to Thursday next, at 5 o'clock.)*



*Thursday, 29th April, 1926.*

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Captain Ernest Evans.  
Mr. Haslam.

Mr. Hurst.  
General Sir Richard Luce.  
Dr. Shiels.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

Miss ISABEL MACDONALD, called and examined.

*Chairman.*

1911. You are the Secretary of the Royal British Nurses' Association?—Yes.

1912. You have a membership of between 3,000 and 4,000?—Yes.

1913. Spread all over the country, I suppose?—Yes, and in the Dominions also, partly.

1914. In other parts of the Empire?—Yes.

1915. Generally, are you in favour of registration for nursing homes?—Yes, absolutely.

1916. Would you say of all nursing homes?—Yes.

1917. Would you include the doctor's house where he takes one or two patients?—Well, I think you will find that at the end of my evidence I see the difficulties that we are in there, but certainly I should put the doctors on the same footing as the nurses as regards registration. If you register the nurses' homes you should register the doctors'.

1918. That is to say, if you register a nursing home which is owned by a qualified nurse, you would say just the same ought to be done to a qualified doctor who takes in a patient?—Yes.

1919. Will that cover most of these nursing homes? Most of these nursing homes are owned or run by nurses, are they not?—Yes, but not all. Most of those in London are. I have been in one that was not, and a very good one too; but it had its drawbacks because of that and very serious drawbacks.

1920. We would like to know about that; tell us a little more about that?—It was a home that I nursed in before I came to my present position. It was a beautiful home. The matron spared no expense on it at all. She was not a

trained nurse herself; she was a masseuse and a very able and clever woman. She did employ a thoroughly qualified nurse, whom she called a staff nurse; now I suppose we should call her a sister. Then she had one nurse below her, half-trained; she had had about a year's training. She had three people whom she called probationers. One probationer went on night duty and took charge of the surgical cases during the night. Occasionally there was a special nurse on duty. Sometimes she went on after a very big operation.

1921. How many patients generally were there in the home?—Eight patients. These three probationers took charge, at night, of the eight patients. One probationer, perhaps quite new, would have eight patients. The home itself was all right so far as equipment went and so on, but I can remember one particular instance where we had a very big operation, and I was special in that case. When the surgeon turned his back to wash his hands, and after I had prepared everything on the table, this matron, who from a business point of view was quite good, went round and put her fingers into all those lotions to see whether they were of the proper temperature. That is the sort of thing one would expect to happen where you have a head who is not fully qualified.

1922. That was in the operating theatre?—No; it was after the first dressing in the sick room after the operation. She had come upstairs, putting her hands on the rail no doubt, and probably just after massaging a patient; so it is an argument for having a qualified nurse at the head of a nursing home.

1923. Is it an advantage sometimes to have what you may call a business woman



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[Continued.]

who knows how to run a house at the head of things, and under her a really qualified nurse as the staff nurse?—Well, if she would stick to the business part and leave the nursing entirely it would be quite good, but she should not have power to come into the sick room and do work that even a probationer would not be allowed to do.

1924. Do you think as a rule it is better that the actual managing person should be a qualified nurse?—Most distinctly; I do not think they get the understanding otherwise.

1925. Are they very often deficient in all knowledge of anything to do with housekeeping and cooking and general equipment?—Do you mean nurses?

1926. Yes?—I do not think so.

1927. I am only putting it to you?—Several nurses within recent years who have started nursing homes to my knowledge have all been quite successful.

1928. Have you had any experience of the doctor's house where the doctor takes one or two cases?—No personal experience, no.

1929. Have you heard anything about them?—Well, the other day I did hear about one, a doctor; I do not know whether he is a man who has any standing at all in the medical profession; I do not think he has. Certainly it was a convalescent home, a home for nerve cases where he was putting girls who had been sent in also as maternity cases to nurse the patients before their confinement came off. He is not a man who has any reputation, I think, in the medical world, but still he is a medical man.

1930. To return to this beautiful home that you told me about, where the owner was not a nurse, what use would have been inspection in a case of that kind if there was anything wrong? Obviously anybody going in would have said: "Well, here is a beautiful place; qualified nurses and everything."?—Probably the person would say that one night nurse who had never been inside a hospital was not suited to take over eight patients, for instance, largely operation and sometimes pretty acute nervous cases.

1931. What would be the criticism that the inspector would make?—That would be one; there are other things too; that there was too much work of a sterilising nature done in the bath rooms.

1932. It is very difficult for an inspector coming in in the ordinary way to find out that sort of detail, is it not?—No, I do not think it would be.

1933. Supposing you were an inspector, would you be able to find out those things, do you think?—If you were a nurse you could.

1934. Because there are questions you would ask?—Yes; besides, you would see what accommodation there was in the home to do it elsewhere. You would have a pretty good understanding of the things you want to do in nursing.

1935. I think you are of opinion that the Ministry of Health should be the registering authority?—Yes.

1936. That is for the whole country?—Yes.

1937. You do not approve of the local authority?—No.

1938. Why not?—The Ministry of Health looks after the health of artisan classes; why not take over the middle classes too?—They send nurse inspectors to poor law hospitals, I think, welfare centres and so on.

1939. But this is a case of registration, is it not, as well as inspection?—Yes, but still the whole thing should be included in the Ministry of Health. We are distinctly in favour of the Ministry of Health; we would not compromise on that.

1940. You disapprove of the local authority?—Well, we do not think it is the proper authority. There is bound to be a certain confusion if people are on the authority who are interested in those homes, who are known well to the people, or are friends of the people and so on; all sorts of difficulties might arise.

1941. You are afraid of collusion?—Yes.

1942. But that is in the smaller authorities?—Well, it might happen anywhere in the district.

1943. You would not suggest it would happen in London, would you?—It might.

1944. You think it might even if the London County Council was the registering authority?—Well, we do not consider the London County Council should be the registering authority. We consider that in homes like that where patients are paying fees and so on, they should get the same protection as the patients in the infirmaries do, and that the Ministry of Health should do this work.



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[Continued.]

1945. You think that is a superior kind of protection?—Yes, we do in many respects.

1946. One point on something you said just now: do you hold that it would be a good thing if we could make a recommendation to the effect that the ordinary nursing home for medical and surgical cases should not take lying-in cases; that you should separate them up and that those should all for one particular class of home?—Personally, I think so.

1947. You think it would be better to separate them if it could be done?—Personally, I do. I have not had the opinion of my Council upon that.

1948. I would like you to tell us anything you may know about these places where the aged, the infirm and the helpless people go; have you had any experience of those?—You mean places where they take perhaps one person?

1949. Well, sometimes even more?—I have had no experience of these particularly.

1950. Take the case where they have one poor old bedridden man or woman then; should those be registered as nursing homes?—That is a very difficult point, because of course we do not think there is much good in having registration of nursing homes unless you have registered nurses in them, and it is a very difficult question. Sometimes you find a person who would not have a trained nurse in the ordinary way, but who comes to be taken care of perhaps in some doctor's house. I know of one woman in a clergyman's house; she did not require qualified nursing. That is a very difficult point, but I suppose there are places where these people may not be properly attended to.

1951. Is it not the case that there are a number of these poor old and infirm people in various houses spread all over the country who are not getting any kind of nursing attention?—I should think it is quite probable. Of course, in most districts they have district nurses too for such cases.

Dr. Vernon Davies.

1952. Referring to the case of the home where the matron came up and put her fingers into the lotion, the woman who was not trained, what did you do?—Well, we emptied the basin; we emptied it as quietly as possible.

1953. You did not point it out?—No, you could not. In a way it was difficult.

I was employed by her. I was taking off the dressing. I think we got something poured into another basin.

1954. Suppose it happened to be in the midst of a dressing and a nurse who was perhaps a little nervous and afraid of losing her position; she might have carried on with the contaminated lotion, thereby endangering the patient's life?—Yes.

1955. So you felt that was a very definite reason why an untrained person in charge of a nursing home should have nothing to do with the nursing arrangements or interfere with them?—That is so. We consider, of course, that they ought to be run by registered nurses.

1956. And that these proprietors should understand that they must not interfere?—Yes, absolutely.

1957. Although it is their home?—Yes.

1958. A good nurse is not necessarily a good manager, is she?—No.

1959. In fact, I dare say there are very many nurses who are admirable nurses but could not run a home?—I suppose there are; I do not know. Of course, nurses of average intelligence, if they can be ward sisters, I think can run homes.

1960. I do not know whether it is a matter of intelligence so much as a matter of knowledge?—That is so.

1961. You find a lot of married ladies who cannot run their own homes?—That is quite true, of course. Perhaps there are those who could and do not want to.

1962. If these people are risking their own money in the home you think that is their own business?—So long as they do not endanger the patients by their mismanagement.

1963. I am not taking the patient point now. Take a couple of nurses who might have a little money and decide to run a nursing home for themselves, neither of them having much experience; you think as long as they are risking their money, whether the home fails or not is no one else's concern?—Well, could they run a home?

1964. They might try and fail; they might try and lose all their money?—Perhaps there might be reason found too why it should not be registered; they probably would.

1965. That would not be a point which would come under registration?—Of course, some people have not the business ability to do these things, I quite agree.



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[Continued.]

1966. Supposing you had these two nurses again who recognised that they had no business ability, and they said: "We can do the nursing part admirably, but we cannot manage the house; we must get somebody to manage the house"?—They would employ a housekeeper or secretary, I take it.

1967. You would allow them to engage a housekeeper to look after the control of the house?—Yes, to look after the house.

1968. The Chairman made some remark about a nurse going into a home to inspect and perhaps not being able to spot everything, but a trained nurse going into a home would be able to criticise?—She would know almost instinctively; most of us have been in homes.

1969. And however nice the home looked, if there was anything wrong they would naturally find it out quite quickly?—I think so; they do it almost instinctively, because the same requirements are necessary even in the wards, and most of us have at some time been in a home.

1970. You are very definite about the Ministry of Health being the supervising authority. Would you think that the County Council—I am not speaking of London now, but of the Provinces—would be sufficient?—No; we think that it ought to be the Ministry of Health.

1971. What objection would you have to the County Council—take a big county?—It is really very difficult, because you would have people interested perhaps in the home or interested in the people who run it—all sorts of things. I think it would give to registration a much greater prestige and much greater authority if they sent down people from the Ministry of Health.

1972. Have you formed any idea as to the amount of staff that would be required to supervise the whole country?—I think they send down nurses now. I have heard of four nurses in the Ministry who go down to infirmaries and inspect different matters; it would not mean so very much more.

1973. There are probably some thousands of nursing homes in the country, are there not?—Yes.

1974. And the shady ones, the ones on the border, would want fairly frequent inspection?—Yes.

1975. So there is quite a possibility, if you did not stamp these out straight away, that you might want a fairly large

staff at the Ministry of Health?—I do not think it would be an overwhelmingly large staff.

1976. How much do you think; have you any idea?—I really do not know: about 10 or 20, I suppose even.

1977. Supposing the matter depended on finance and the Ministry of Health said: "Now we really cannot find any money to provide for registration and inspection of these nursing homes," would you then accept the County Council rather than lose the registration?—We might compromise, but we would be very disappointed.

1978. You would rather have the County Council inspecting than miss registration and inspection altogether?—Yes, I suppose we would. It would be a compromise, but we would press to the last for the Ministry of Health to do it: from the point of view of our Council I know they are very strong on that point. The Council of the Association are very emphatically of the opinion that the Ministry of Health ought to be the registration authority.

1979. Would you have inspection by nurses or doctors or both?—By nurses; personally I consider that they should be nurses.

1980. You would not have any doctors at all?—Well, I would prefer that it should be all done by nurses.

1981. Why?—A nurse with a health certificate who has done that work would understand better about what is wanted with regard to food and all sorts of things that probably would not enter the mind of someone who has not really lived through that sort of work.

1982. Would you call a nurse competent as a sanitary inspector?—I think a nurse would be quite competent as a sanitary inspector who has held good positions in the nursing world and who holds a Sanitary Certificate also; there are many of them.

1983. Those with special sanitary training you mean?—A great many of them have the Health Visitor's certificate anyhow, and that includes a great deal of sanitation.

1984. Do you think it is possible that a doctor may know some things that a nurse does not in a nursing home?—Oh yes, probably, but I think that those matters he will probably look after himself when he puts his patients there.

1985. On the contrary, do you think a doctor when he sends a patient to a



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nursing home goes through the whole of it, to look at it up and downstairs?—I know he does not.

1986. He only looks at the patient's room?—Yes.

1987. The idea of a double inspection, one by a trained nurse for her department and by a doctor for the part which is more directly concerning the doctor, would be a better inspection than by the nurse alone?—Probably it would. He could do his part of it, but then again you would have the question of expense.

1988. What I want to suggest to you is that a nurse could not efficiently inspect a nursing home?—I think she could. A well qualified nurse with experience in sanitary matters, and who had held positions of responsibility I think certainly could.

1989. In that case you think the doctor is unnecessary?—Yes, I do.

1990. You also stated that you did not think a surgical home should take a maternity case?—Well, personally, I think it would be better if they did not.

1991. Why?—It is quieter altogether for the nursing home and the two cases do not mix well.

1992. From the point of view of the mother or the baby do you mean?

*Chairman.*

1993. From the point of view of the other patients?—Yes, from the point of view of the other patients too.

*Dr. Vernon Davies.*

1994. From a nursing point of view, or a surgical point of view, you see no reason why a nursing home should not have one room for a maternity case?—I think it would be much safer not to have it, because you do get septic cases into a nursing home sometimes.

1995. Sometimes, of course?—Pretty often.

1996. But you keep the nurses separate?—Not always.

1997. They do not?—Not in homes that I have been in—not always.

1998. Have you any experience of nurses nursing a septic case associating with nurses nursing aseptic cases?—Yes.

1999. In nursing homes?—Yes.

2000. Is that common?—I do not know whether it is very common, but it does happen.

2001. Where would they associate, in the dining room, or common room, or

where?—And in their bedrooms; probably they share a bedroom; they may.

2002. That is within your experience?—Yes, within my own experience.

2003. That nurses associate irrespective of the cases they are nursing, provided they are not infectious cases—fever cases?—Yes.

2004. I should not have thought that. You say that nursing homes should only employ registered nurses?—Certainly. I think they should only employ nurses who are so fully qualified that they could be registered. Of course one would prefer that they employed only registered nurses.

2005. That is, State registered nurses?—Yes.

2006. What would you do with the other women who were not registered, but were still nursing?—Of course one would have to give a certain time of grace for them, but preferably one would have registered nurses in the nursing homes, if possible.

2007. I want to know now what you are going to do with these other women who are not fully trained, but who are still nursing?—One must employ them of course if they are qualified.

2008. That is what I wanted to know. How are you to employ them? What are you to do with them?—Well I suppose you would not make a rule immediately that they would only employ registered nurses, but at any rate, one could claim that they were eligible to be on the State register and if possible after a time get to a stage when you would only have registered nurses in the homes.

2009. In the course of years?—In the course of years, but certainly in preference as far as possible one would encourage the registered nurse.

2010. I wanted to find out what we are to do with these other nurses until they die out, or become superannuated, or whatever you do with them?—Well, that will come in time of course.

2011. Would you allow them to work in nursing homes?—I suppose one would have to. You would not get a supply of nurses perhaps without some of those. They may have been working there for years and might be very highly qualified. There are some I know who have not taken the trouble to register who are highly qualified.

2012. How do you mean "highly qualified"?—Nurses from large hospitals who



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have not placed their names on the State register.

2013. You make a difference between a State registered nurse and a nurse who is fully trained at a good general hospital who is not registered?—Yes, I do.

2014. What is the difference?—There may be no actual difference, but the standing of a registered nurse is certainly better if she has taken the trouble to come forward and register.

2015. Why?—She is recognised by the State as a fully qualified nurse.

2016. She is recognised by the State otherwise, if she produced a certificate of training from a general hospital?—Yes.

2017. It is simply that she has not taken the trouble to put her name on the register, and pay her fee?—Then of course anyone can find from the register, if they look, what are her qualifications.

2018. The fact of her being a State registered nurse does not give her any additional professional knowledge or training?—No.

2019. And so she may be just as good as a registered nurse. I prefer to call them fully trained nurses?—That is any one who is qualified to go on the State register?

2020. Yes, that is right, but who have not troubled to go on?—Yes.

2021. I would recognise no difference as regards the capabilities?—No, but still I think one must give a certain preference to a nurse who has had her name placed on the State register. One must recognise that there the public can see that she really has these qualifications that she claims to have on looking at the State register.

2022. They could see the same by the nurse's certificate?—Yes, they could, but they would not go to the nurse and ask for her certificate, or get her to bring it. They only have to go to the volume to find the qualifications of the one who is on the State register.

2023. That brings me to another point. Do you think that nurses in nursing homes should produce their certificates to the matron or to the proprietor of the nursing home when they are engaged?—Yes, I do think so; I do not see what difficulty there is about it as a rule.

2024. You think that ought to be done?—I do.

2025. Do you think also that these should be exhibited in any place, or should they be produced upon demand to

the doctor, or to the patient or patient's friends?—Yes; I think it would be quite right that she should produce them if asked to.

2026. You think if I went into a nursing home and they said "That is your nurse," and I said, "I would like to see that nurse's certificate"?—I think any nurse would be quite willing to produce her certificate if she were asked for it.

2027. But they are not asked for it at present?—No.

2028. You do not think the nurse would object?—No, I am sure they would not. We have no difficulty in getting the certificates when they join the Association; they send them up.

2029. Do you think there is a possibility of a nurse impersonating another nurse?—Quite.

2030. Have you known of that being done?—I have not known of it being done exactly in that way, but I have known people for instance wearing the badge of our Association and claiming to be members of it and fully qualified, when they were not. We had a case recently where a nurse had heard of someone living in the same home who, she felt sure, was not trained, but she was claiming to be a trained nurse and a member of our Association wearing a badge that she probably had found at some time. We made enquiries later but she had disappeared.

2031. So even your register is not absolutely beyond cavil. What they are going by now is the nurse wearing a badge?—It is a dangerous thing to wear the badge when she is not a member of our Association and not trained.

2032. You are simply putting the proof now upon a nurse if she produces a certain badge as a member of your Association?—Yes.

2033. Badges of course get lost. So that a certificate would be really an additional advantage?—Yes.

2034. Would you approve that every nurse on her first engagement in a new nursing home should upon demand produce her certificate of training to show that she is a fully qualified nurse?—Yes.

Captain Ernest Evans.

2035. Can you tell me how many nurses there are on the State register now?—I think about 52,000.

2036. Do you know roughly what proportion those are to the total number of fully qualified nurses in the country?—No; I am afraid I cannot say.



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[Continued.]

2037. Are the bulk of qualified nurses now on the register?—Yes, certainly.

2038. Would those be sufficient to equip or to staff the existing nursing homes in this country?—Yes, I should think so.

2039. All the hospitals and all the nursing homes of the country?—Do you mean the nurses on the register?

2040. No; I mean fully trained nurses?—Yes, I think so. A large number of homes that I know have only fully qualified nurses. Of course there are others who have probationers—the smaller ones. They could have people to help if they would not call themselves nurses or probationers—some sort of helps or something like that. They could relieve others of a certain amount of the less responsible duties of a sick room, if there were a shortage, but I do not think they should employ people who have never been in a hospital and call them perhaps nurses or probationers.

2041. Should those people be allowed to do anything more than clean the rooms or the house; should they be allowed to go into contact with or to do anything for the patients?—Of course there are some things they could do for the patients, not really nursing duties, but still duties that a nurse very often does.

2042. Things that must be done?—Yes.

2043. When the official of the Ministry of Health, or whoever may be the registration authority, goes down to examine a nursing home, roughly what are the tests which you think he or she should apply before they recommend a nursing home for registration?—Of course I think they should see all the house necessarily; all the sanitary arrangements; they should see the food. I think it is very important that they should see the food, and the supplies of food and so on. We had a case the other day of someone who was a cook in a nursing home and she told me she never saw anything but frozen meat come into it. I think that ought to be inspected. I think linen and everything like that ought to be inspected.

2044. Of course, food and linen are things which vary from time to time; they might be perfectly good when the inspector called and perfectly bad within a month?—Yes, they might be, but still they would not know when the inspector was coming and they would probably strike an average.

2045. I take it you would want a frequent inspection of every nursing

home; an inspection if it is to be of any real value must be fairly frequent?—I should think where they found things very satisfactory on certain occasions they would probably continue so, unless the management were changed.

2046. In your opinion, are the great majority of nursing homes at present in existence in this country efficient?—Not the great majority, but I know a good many which are efficient.

2047. The majority are inefficient?—Do you class in with nursing homes all these small places?

2048. I am classing in everything?—Yes.

2049. You have practical experience of many nursing homes from seeing them?—Not a great many. Of course, we are always having nurses going out from headquarters to these homes, and I have been in some myself.

2050. Have you personally come across any nursing homes where conditions were unsatisfactory?—The one I spoke of a short time ago, for instance.

Sir Richard Luce.

2051. How long ago was the nursing home which you were speaking about which you did not consider very satisfactory?—About 12 or 13 years ago, I should think, I was in it.

2052. Is that nursing home still going?—It is still going under different management.

2053. Is it still under the management of somebody who is not qualified?—I do not know that; the last time I saw it I only visited.

2054. With regard to the question of nursing homes and maternity homes combined, in your experience is that common?—I do not think it is in my experience.

2055. In provincial places is it fairly usual?—Yes; it may be more so in provincial places; I should think that is probable.

2056. You spoke about the question of sepsis; in what way do you consider it was more dangerous to combine these two? In what sort of way do you consider it is dangerous to combine them from a septic point of view?—If you have a very septic case it is more dangerous for the mother.

2057. Does not that apply also to an aseptic surgical case and a septic surgical case in the same home just as much?—Yes.



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2058. May you not have a septic maternity case and also an aseptic maternity case?—Yes.

2059. Does not the thing exactly correspond; is there any real argument on that?—You are not so apt to have a septic case in a maternity home.

2060. There is a possibility of it?—Yes.

2061. After all, it is sometimes the more septic ones that are sent into homes?—Yes.

2062. There is nothing much in that point that you are speaking of?—No.

2063. There is not really much in the question of sepsis, because it applies equally to either?—Yes, to a certain extent.

2064. With regard to the question of inspection, it is a fact, is it not, that there are a great many homes which are both maternity homes and nursing homes. Granted that, is it not very important that you should not have two different sets of people inspecting those two kinds of homes from different points of view?—Well, I do not know that it signifies so much.

2065. Is it not important that you should not have two sets of inspectors looking at one place? Would you not consider that that was redundant, or at any rate troublesome?—To a certain extent, yes.

2066. Would you think it so important that you would think it necessary to have for the ordinary nursing home a different set of inspectors from the maternity home? The point I am getting at is this: it is extremely likely that the authority for inspecting the maternity homes will be County Councils?—Yes.

2067. The County Borough Councils?—Yes.

2068. That being so, would you not then waive your objections from your Society to having a different set of inspectors for the ordinary nursing homes and the maternity homes if it is already established by law that the maternity homes are to be inspected?—No, I do not think it would.

2069. You still maintain that it would be better to have two complete sets of inspectors in practically the same sort of institution and perhaps even in the same institution having two sets of inspectors, two entire machineries for inspecting nursing homes. You would still maintain from your Society's point of view that that is necessary?—We still

maintain that we would wish that the Ministry of Health should do this inspection.

2070. But you would not be prepared to wreck a Bill upon those grounds?—Well, I cannot say that.

2071. Or try to wreck a Bill?—I have not consulted my Council upon that, but I know that they feel strongly upon it.

2072. It is one of those points which is extremely likely to come into practical politics and it is very important for us to realise what the point of view of your Society and other nursing societies is upon it on those grounds. You spoke, it seemed to me, rather from the point of view that it was only necessary (you said it in rather an uncertain kind of way and I want to get your exact views on the matter) to register such homes as would employ State registered nurses?—No; I did not intend to give that impression at all.

2073. You gave it rather as if that was your point of view; that that was the kind of thing that you were interested in?—Oh no; by no means.

2074. And that you were more interested in the question of the registration of these homes from the point of view of eliminating untrained people from the nursing homes, whether they were useful or whether they were not useful, rather than protecting the patients?—Oh no; I did not mean to give that impression at all.

2075. You did not mean to imply that, but it struck me rather in that way?—Oh no.

2076. There is a question about who is the right person to inspect. Would you consider that an ordinary nursing inspector with, say the ordinary training that a nurse gets for the purpose of inspecting cottage homes and so on, or helping in that way, would be a suitable person to decide whether a home was to be registered or not?—Well, she would draw up her evidence. I do not suppose the decision would lie with the nurse, would it?

2077. Do you think that she would be qualified to take in all the considerations that were necessary on the question of granting a licence?—Yes, I do. She would draw up the schedules and so on required for the registration authority.

2078. The licence would have to be granted on the evidence, not by the nurse herself, but by somebody who was judging simply on the evidence and not



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by having any personal knowledge of the place at all?—There would be a registration authority, would there not, to decide?

2079. If, for instance, it was the County who was the registration authority, it would probably be the Medical Officer of Health or his deputy; if it was done from London as you suggest it would probably have to be done by the Ministry. Would you consider that it would be possible for the Ministry to decide on the evidence of a nurse, who had a certain amount of training in sanitary inspection work, as you suggest, and just ordinary nursing experience?—Any nurse who held posts of real responsibility.

2080. Does that mean to say that you would require somebody of the full status of a matron?—Not necessarily. We have nurses who have the sanitary inspector's certificate, and others.

2081. Going on to the question of the inspection of a nursing home, you never had charge of a nursing home yourself?—No.

2082. If you had charge of a nursing home you would probably be in the position of a matron of rather high standing. The person who runs a nursing home is generally a person who has had at least a sister's responsibility, is she not?—Yes.

2083. Do you think she would be willing to be inspected by anybody who was not of a very high standing in the nursing world?—No; well, I do not suppose they would give it to anyone who was not highly qualified.

2084. That means, does it not, that you would have to have an extremely large staff of inspectors of the standing of a matron or at least a sister?—Yes; one could get them.

2085. Do you think you could get them at the present moment?—Yes, I think so.

2086. And you think it would not be a very great expense to the State?—No, I do not think so.

2087. You suggested something like 20?—It is very difficult to say without having thought it over.

2088. Do you not think it would mean a very vast army of people going round the country inspecting all these nursing homes if it is going to be done in that kind of way?—I do not see it. I do not think it would be an army at all, if it were well organised.

2089. You do not think this work could be done quite efficiently by the Medical Officer of Health of the County or his deputy, if necessary deputing the Sanitary Inspector for certain duties and a nurse perhaps for some particular duties as the case may be? Do you not think that will entirely suffice for the whole thing that is required? Speaking again now from the point of view of your Society, do you think it is necessary that it should be done from London by a special administrative staff?—The resolution of my Society's opinion upon that matter is that it should be done by the Ministry of Health and I cannot go behind that.

Dr. Shiels.

2090. Might I ask something about your Society. You say your membership is between 3000 and 4000?—Yes.

What are the objects of the Association?—Just to benefit nurses and to promote schemes for the benefit of nurses. We have a co-operation of private nurses, for instance, who get their own fees less a small percentage for working expenses. We founded a Society known as the Society of Chartered Nurses. We have another branch in Australia.

2091. Is it much on the same lines as the College of Nursing?—Very much in the same way; it has a different constitution.

2092. Would many of your member's go to a nursing home?—Yes, a good many.

2093. And you have had reports from them to the effect that nursing homes are very often unsatisfactory?—Yes, quite frequently. We do send them to homes where they are quite satisfactory, and to others again where you find the reports are most unsatisfactory.

2094. What reports have you got as regards the nurse's own conditions?—I heard to-day of a case where all the utensils were emptied in the same place, the nurses had their baths and the dressings were all prepared and everything done in the same little bathroom; that was within very recent years. I do not know whether it is so now; it was just a short time ago. I heard of a case the other day where a child had to have a mastoid operation done, and just after the chloroform the nurse ran in while the mother was sitting with him, took the pillow from under his head, ran with it to



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the theatre for another patient and brought it back afterwards with blood and discharge on it. We had a case the other day where a nurse went out to a case of appendicitis. I think the patient was left alone in the night; she got up and walked about and died eventually. Things like that one hears of occasionally.

2095. What about their own sleeping quarters and the food and that sort of thing; is that very often unsatisfactory?—Often very unsatisfactory. I know of one where they sleep in quite a low ceilinged room, five of them.

2096. Five nurses in one room?—Yes. In this home I spoke of where I had been myself there was a tiny room for three. Three slept there at night; the probationers who were in charge of the patients in the night slept there in the daytime.

2097. Is it your opinion that sleeping quarters like that make the nurse less efficient?—Yes, they must be more tired inevitably. Other homes sometimes take flats for their own staff, but you do find cases like that where there are very inadequate quarters.

2098. What about the hours?—Well, generally they do not work so long now—not as we used to.

2099. There is not so much complaint with regard to the hours?—They are fairly long, but there is not so much complaint now as there used to be. Of course, in some of the smaller homes you have to work much longer.

Mr. Haslam.

2100. With regard to these homes for old and infirm people, who could not possibly pay the fees of the ordinary nursing home, but yet who want a certain amount of attention, I see here that you quite recognise that that presents a problem?—Yes; it is a very difficult problem.

2101. You say here that you do not desire that anything should be done to suppress these homes or to drive them out of existence?—I should not call those homes exactly.

2102. Whatever you call them it does not much matter?—It is very difficult to define what is meant by a nursing home. I know of a case of a home where a nurse who is certainly not fully qualified takes in a lady who finds it difficult to look after herself, because she is so infirm. This old lady could not possibly pay the fees of a registered nurse, and yet it

would come under the definition of a nursing home in the present Bill.

2103. But you do not desire to drive that type of home out of existence?—I do not wish to prevent people from being able to put their relatives into a doctor's house or perhaps a clergyman's house, as I have seen done when they do not really need skilled nursing. It is a very difficult point to define what is meant.

2104. You would not wish in that case the doctor to be inspected?—Only if he runs a nursing home, certainly.

2105. If he takes a single case, as you say?—Well, would you call it a nursing home where they take a single case which does not require trained nursing? According to the present Bill it does seem to me that it covers this. It covers these who take in infirm people who really do not need the services of a very skilful qualified nurse.

2106. In the great majority of cases I think they call themselves nursing homes. We have had evidence with regard to that in this Committee, and they do call themselves nursing homes?—Then let them be registered because they are making a business of it.

2107. You think they ought to face the question of inspection?—Yes; if they call themselves nursing homes.

2108. And if they cannot supply a sufficient number of nurses they ought to be shut up or continue without any registration?—Yes, if they claim to be nursing homes, but they do not always. People sometimes have someone staying more as a paying guest than anything else, but still requiring a little nursing and care.

2109. You think it would be best to have one type; is that the policy, may I ask, of your Society with regard to this class of nursing home?—I do not quite understand.

2110. We have heard of a lot of houses which call themselves nursing homes, which take in old and infirm people?—Then they ought to be registered if they call themselves Nursing Homes, I think.

2111. They may take in four, five or six?—Certainly; those ought to be registered.

2112. You think they ought to come under the register and be inspected?—Certainly.

2113. And if they cannot supply a sufficient number of trained nurses, which of course they do not pretend to, then they ought to be refused registration.



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and they ought to have such stigma, as it may be, put upon them?—I think if they look after several infirm people they ought to be registered.

2114. That is the policy of your Society?—Yes.

2115. That there should be one register and one standard, and that all should conform to it and be registered?—Yes. These chronic cases want very conscientious and often very skilled nursing, and they need protection perhaps more than others.

2116. But it might have the effect of preventing some people, who do not want a great deal of attention, from continuing in a home which may be more or less satisfactory to them?—If there are four or five patients, I think they would have a trained nurse there—a qualified nurse.

2117. Then with regard to the fees, you say that the public ought to have a certain amount of protection in regard to that?—I think I said that by registration they would be able to demand what they pay for; they would be in a better position to demand what they are really paying for; that is how I put it, I think.

2118. I see that you do not think that fees should come into the system of inspection and registration?—Well, it is an affair between the patient and the home very often; so much depends on circumstances, the position of the home and many other things. I merely said that the patient through registration would be in a better position to demand proper care and provision for his comfort.

2119. Then coming back to the County Council inspection, may I ask you this: your Society expressed the very strong opinion that you have formed that inspection ought to be carried out by the Ministry of Health?—Well, they discussed it.

2120. What, the Council?—The Council of the Association, not the whole Association.

2121. It is the opinion of the Council?—Yes.

2122. You have not taken the opinion of all these 3,000 or 4,000 members?—No.

2123. It is just the opinion of the Council?—Yes.

2124. I gathered that one of your principal objections to the County Council was that you thought that County Councillors would be moved by improper motives?—Oh, no; but you would get a

much more uniform standard if you had one central body in London sending down its representatives; County Councils vary so much in their ability and standards.

2125. But then they know the local conditions, after all, do they not? Is it possible to get a uniform standard over the whole country?—You get it better through the Ministry probably than through local bodies.

2126. But do you think such a thing is possible or desirable?—Yes, I think it is possible and desirable too.

2127. You recognise, of course, that when a patient goes to see a medical man and confides his illness to him, that is to say, his symptoms, his disease, what he says is in absolute and entire confidence?—Yes.

2128. And he is perfectly certain that his confidence will be respected. I take it that when a patient goes to a nursing home he likes to feel that there is that same recognition that his malady is a secret; it is his business and it is nobody else's business. Does your Association recognise that that confidence ought to be respected?—Oh yes.

2129. And do you think that nursing homes recognise that in general?—Well, I do not know. We had a case the other day where a patient had a very serious illness, and in Harrod's hair-dressing department his wife heard the whole particulars given in the next room.

2130. Of her own case?—Of her husband's case, yes.

2131. Would not your Association think that it would be a principle of the utmost importance to maintain?—Most decidedly.

2132. And that if a patient goes into a nursing home they should have the most complete confidence that the illness from which they were suffering would not be divulged to other persons?—Absolutely.

2133. Do you think there is a high standard in that respect in nursing homes now?—Yes; I think on the whole there is.

2134. You think this case that you mentioned just now would be an exception?—Yes; on the whole I think there is.

2135. With regard to inspection, for example, you would think that that confidence ought to be similarly respected?—Absolutely, yes.

2136. Would you think that a patient ought to be questioned by the inspector and that the inspector should have the right actually to see patients?—It is



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difficult to say. The patient might not be in a condition to see the inspector.

2137. Your Council has not expressed any opinion upon that point at any rate? No, it has not. It would be very difficult to make it compulsory upon the home, because the patients might not be in a fit state to see the inspector.

2138. It might be a most undesirable thing?—It might.

2139. A patient might have the strongest objection to it?—That is quite true.

2140. You think there is an objection to patients having a third party knowing their malady unless with his or her consent?—Yes. Besides, with a registration authority a patient would have an authority to whom he or she could make any complaint desired.

2141. If their confidence had been violated? — Supposing the patient had reason to complain of the home seriously, they could go to the registration authority.

2142. They would have a right to make a complaint?—Yes.

*Mr. Cecil Wilson.*

2143. With regard to what you say about the difficulty of defining what are nursing homes, assuming that we have registration and inspection, would you see any difficulty in having two classes of homes, the one for such cases requiring trained nurses, and the other for these aged and infirm people who did not require quite the same training?—I think there would be the difficulty if they took in many of them, because the aged and infirm people would really require perhaps not quite the same average as in the other homes, but very great deal of skilled nursing. If they took in more than perhaps one case, that would be so. These chronic cases require a great deal of careful nursing; so that in that respect one could hardly say that more second-rate nurses could go into the homes for the infirm.

2144. You say that such cases as those would be better in an institution?—Do you mean the poor people?

2145. Yes?—Do you mean in infirmaries?

2146. Yes?—Probably they would.

2147. We have had one case at all events reported to us where such people were taken into a home where it appeared that their relatives were rather glad to get rid of them?—Yes.

2148. Would you say that those people would better off in an institution than in a nursing home?—Much better than the home we had described the other day, which I think you are referring to.

2149. Have you any experience or view with regard to doctors' homes?—I have had no experience of doctors' homes at all, except this report that I spoke of just now.

2150. The only experience you have is 30 years ago—your own experience?—Yes—well, not 30 years ago.

2151. Most of what you have told us is what you have heard?—Yes.

2152. Have you had any reports with regard to doctors' homes—I mean homes run by doctors for either one or more patients?—No, I do not think I have specially. I had one report sent in to me to do with a home run by a doctor; that is the one I spoke of at the commencement of my evidence. It certainly is run by a doctor and very inadequate the nursing is; that is the only one I know of.

2153. Supposing someone is desirous of starting an entirely new home, what would you consider ought to be done, whatever the authority is; what should the authority satisfy itself about with regard to either qualifications or character or anything else?—Well, they would find out the qualifications of the nurses. They always have their testimonials and certificates and so on; these should all be produced.

2154. Would you require anything more than that?—As regards the people; as regards the nurses?

2155. No, as regards the individuals proposing to set up the home?—Well, if they were people of good character and thoroughly qualified, I think that would meet the demands of the registration.

2156. It would require, of course, something more than just the individual's own qualifications setting forth, would it not?—Yes.

2157. What I mean is they should have some recommendation either from patients or from doctors?—Yes.

2158. Then upon this question of the authority, I take it you would agree that the need for registration and inspection is not on account of the good homes, but on account of the unsatisfactory homes?—Yes, but I think the good homes would welcome it too.

2159. I quite understand that. May we just see what is going to happen



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supposing the Ministry of Health is the authority; they would have a certain number of inspectors; the inspector would go down to a particular area; we will say if you like Kent and Surrey, or whatever it might be?—Yes.

2160. How often do you suppose that it would be necessary for the inspection to take place?—Well, that would depend a great deal on the first report, I suppose, and what they found there.

2161. And those reports would refer to what?—To the deficiencies.

2162. We have heard of one case, at all events, where when a lady was thinking of purchasing a home she was told that it was not convenient for the place to be inspected. Would you not consider that in some of these less desirable homes excuses might be made for not admitting the inspectors when they went, that the patients could not be disturbed or something of that sort?—But the inspector would have the authority of the body he is representing.

2163. To go in at any time, you mean?—Yes.

2164. Supposing that the inspector has a considerable area like that, the visits that could be paid within a year would be comparatively few?—Yes; but would a very large number of homes require more than one visit a year at the most? You would have to go back, of course, to those that were deficient, but in time these difficulties would be reduced. With organised visiting it would not be such colossal work at all, I think.

2165. Would it not be better, at all events in the earlier stages, to have someone who was more on the spot than the inspector who was going down, and who had a large area?—It might be better not to have it known when someone was coming down from London to see them.

2166. But they would know they were not coming down so often if they were so far away?—Well, they might not. It would be a much higher standard probably from London than some of the smaller towns.

2167. Taking the case that you referred to a short time ago of the child and the pillow having been taken away, if a nurse thinks that there is ground for complaint as to the way in which a home is being run, what should the nurse do; should she report to anyone, and, if so, to whom?—Well, as a matter of fact, she ought to report; she ought to tell the matron she is

going to report and then do it; that would be the ideal thing, but it would probably be a serious thing for the nurse.

Mr. Hurst.

2168. Do you agree that if the nursing in a nursing home is well done it does not matter whether the proprietor is a layman or not; whether he is a doctor or a nurse?—So long as he has nothing whatever to do with the nursing. House-keeping may be another matter. No one should have anything to do with the nursing who is not qualified.

2169. I suppose you take the view that the matron must be a State-registered nurse in any event?—She should be.

2170. How long a rope would you give to these nursing homes which now exist where the matron is not a State-registered nurse? She has an interest; she may have put money into the home; how long would you give to homes of that sort before you made it a condition that the matron must be a State-registered nurse?—It is very difficult, as the Registration Bill is not compulsory. I think you would need to give her four or five years anyhow.

2171. You would be prepared to concede five years on that?—I think so, because many of the efficient matrons have not registered.

2172. What would be, in the view of your Council, a fair percentage to insist upon as the percentage of State-registered nurses in a nursing home? I take it you regard it as a condition of registration that there should be a certain percentage of State-registered nurses?—We would prefer, of course, that they should be all State-registered, and a good many of them would. I should think at the present time, in the homes that we know, quite 90 per cent. are registered.

2173. If you were drafting a Bill to secure that what percentage would you put down as a condition?—Do you mean registered nurses in the sense of a fully-qualified nurse?

2174. Yes; take it in that form—what Dr. Davies referred to as a fully-qualified nurse. What percentage would you put?—I think all the nurses should be qualified.

2175. I am not suggesting that it is not a good condition, but if you made that condition do you not think the effect would be to eliminate the type of nursing home which caters for people



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who are poorly off?—No, because they could have these other people and might not call them nurses at all, but call them helps; they should not profess that all the staff are trained nurses.

2176. If a high percentage was insisted upon, surely the effect would be that the cost must rise, particularly in the minor and smaller and poorer nursing homes?—I do not know that the cost would rise so very much. You have the same amount for food and the nurses' laundry, and there is not such a tremendous difference between the salaries. I do not think really that it would have that effect. Some of the people who are not qualified are getting salaries almost as high as the trained nurses.

2177. What do you think of the idea of having two classes of nursing homes registered, say Class A, insisting on 100 per cent. or 80 per cent. of the nurses being fully qualified, and a second class designed to cater for the poorer class, who could not afford anything like the same fees, with a lower minimum of trained nurses. Do you think that would be a feasible arrangement on which to start a system of registration?—In a sense, yes, so long as these people who are not nurses are not called nurses.

2178. I do not think that would be involved. If you had Class 1 with insistence on, say, 90 per cent. of the nurses properly qualified and a second class with insistence on 50 per cent. of the nurses properly qualified, you would have two grades, and anybody who went into Grade B. would know that only 50 per cent. were only qualified nurses. Do you think that is a feasible scheme with a view to giving a longer rope to these people?—Yes. I think probably something of that sort would have to be done in order to meet these cases where the people cannot pay the fees of trained nurses for infirm and aged people.

Dr. Shiels.

2179. Do you think it is right that because persons cannot pay, although they may be equally ill, they should have less efficient nursing than other people?—No.

Chairman.

2180. As a corollary to that, do you think that the person who can afford to pay 25 guineas a week at a nursing home should go to a nursing home and have no decent nursing at all, just because they

happen to be well off?—To go to a bad nursing home.

2181. Yes?—Certainly not; but registration is designed to avoid that.

Captain Ernest Evans.

2182. I suppose your Association consists only of fully trained nurses?—We have medical men in it too.

2183. As far as nurses are trained they are all fully trained?—Well, no. When the Association was founded there really was no such thing as the three years trained, and of course in the years of grace, just as in the case of the State rules, we took on people with less training than that, but most of those now, of course, are not working. I should say that all the nurses who are in the Association doing active work are fully trained; there are not many of the first members left.

2184. Nowadays you confine your membership to fully qualified nurses?—Yes.

2185. All State registered?—No, not State registered—three years trained.

2186. They are now fully qualified, although they are not State registered?—Yes, all fully qualified nurses, and that has been so for many years. We had three years of grace at the beginning. It was founded as the British Nurses in 1887.

Dr. Vernon Davies.

2187. You referred to the case of a clergyman, or perhaps a doctor, taking in what they call a paying guest who might require a little nursing?—Yes.

2188. Do you think those should be registered?—No; I cannot think so; that is the difficulty. I think the present Bill rather seems to cover these people.

2189. Do you not think that is the very class of case where you might get an old and infirm patient sent to a house?—Yes, an old and infirm patient very probably would need a good deal of nursing.

2190. Do you not think that those are the very class of cases that should be registered?—Yes, a case like that probably.

2191. Well, you cannot discriminate?—I know it is terribly difficult to discriminate, but there are people who require no nursing at all.

2192. On the question of the interesting little experience at Harrod's, do you think that was a gossiping nurse?—Well,



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I do not know; it might be a gossiping servant.

*Chairman.*] We are very much obliged to you for your evidence.

(*The Witness withdrew.*)

Mrs. G. H. called and examined.

*Chairman.*

2193. You have some definite information to give us, have you not, about a certain nursing home in the north-west district of London?—Yes, I was a patient.

2194. I think you had better state it in your own way?—I was a patient there. I was delivered of my first child there. The lavatories were in a most awful condition; I had insufficient food at all times. The proprietress of the nursing home was supposed to be a trained nurse; personally, I doubt if she was—she may have been. My baby was born very early on New Year's morning, and the matron was giving a New Year's Eve party. The night before I went into labour I cried myself to sleep because of the foul language that woman used to me. I did not tell my husband because he was extremely busy at the time, and I did not want to worry him; neither did I want to worry my own people. The sheets on which I was delivered were never changed at all. I begged to be taken home to my mother's home. She took a car and she took me home in just over a fortnight; I should have otherwise stayed longer. I was paying seven guineas a week; it may not sound much, but I did not get anything like the attention for seven guineas a week that I ought to have had. It was not exorbitant, but still it was enough. I had no attention at all. The nurse who attended me was also supposed to be trained. Personally, I very much doubt her word. She did not go about her work as if she knew it in the least. Of course, I am trained, so I could judge. I am also a midwife. She was a garrulous sort of person, and she told me that she had in the next room an old man who was frequently incontinent with urine, and she used to wash the floor and then she would come in and wash my baby. She had no idea how to dress a baby. Mercifully it was not a premature child; it was a big kiddie of 9 lbs. From the third day I used to sit up in bed and do my own baby's eyes and put her clothes on. She had a slight discharge from her eye, but I was able to tip the housemaid

to bring me some hot water so that I could swab the child's eyes, or else I will not answer for the consequences. That is my experience as a patient in a nursing home.

2195. Was there only this one other patient in the home?—No, it was a fairly large home. I could give the address, but not here, to everyone.

2196. Was it a maternity home?—No; I think it was intended to be a home for all sorts, because there was this man next door, you see.

2197. What is your view of mixing up the maternity cases with either medical or surgical cases?—It is not the right thing to do.

2198. You would think it better to have them kept separate and all the maternity cases together in one home?—Not too large a home—not for midwifery.

2199. Well, eight, or something of that kind?—It depends on the supervision. That is where registration is so necessary.

2200. Another point comes in there, I agree. Do you know how many patients there were in this particular home?—I cannot tell you; it was six years ago at this New Year.

2201. But you gathered that there were a considerable number?—I know there were a considerable number.

2202. What was the staff; do you know at all?—That I cannot tell you. They were not trained; I know that.

2203. Was it a largish house in one of these districts?—It was one of those old-fashioned large London houses, where the staircases are long, long, long, and after I was well on in labour I was taken up two flights of stairs after I had been given my morphia. I knew I was nearly ready to be delivered, which with the first baby is a considerably long time.

*Mr. Hurst.*

2204. Did a doctor send you to this home?—He did, and a good doctor. That is why I thought he was absolutely hoodwinked. I have nothing against my doctor and I did not complain to him at the time.



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[Continued.]

2205. Did the doctor visit you while you were there?—He did visit me, but he did not know; he did not turn back the sheets and see that they were filthy; he did not know that I was absolutely hungry.

2206. Did you report this to him afterwards?—I did not.

2207. Do you not think you ought to have done?—I think I ought to have done, but I did not want to bother my husband. I did not want to make any fuss for my own private reasons. This doctor knew my husband. My husband was a medical man. He was not in any state to be worried, and I knew if he knew this he would kick up such a frightful row. I knew I could not be moved; I was only just delivered; so I thought I would say nothing about it. Then when it was over I thought: "Well, it is over; what is the good of saying anything about it", so I said nothing. Now that the opportunity has come for some remedy, some other woman may be saved from it; that is why I have come here.

2208. For all you know the doctor may be sending other cases there?—Yes. I know his wife went there and received very different treatment from mine for obvious reasons, because he is a well-known man and a highly respected man. Several well known men in London send their cases there, and I also know that they are absolutely hoodwinked. A nurse does not lie in bed like that without knowing something of what goes on round her.

2209. This is rather a well-known place, I take it?—I think it is pretty well known.

*Sir Richard Luce.*

2210. Do you say you think that there were no qualified nurses?—I do not say that. I am not at all sure whether the proprietress was trained or not; she was supposed to be. There were two women who might have attended me, and they were both of them very elderly; that I found out after I got there. The woman who attended me was supposed, from the proprietress's point of view, to be trained, but I am sure she was not. She slept in my room and she was supposed to be attending to me only. It was owing to the woman's chattering that I found that out. I know there was another girl in the place who was not more than about 19, and she was of the flighty type; she was not a nurse. It

was the dirt of the place; I only had one decent napkin in over a week.

2211. Was this place owned by the matron?—I think the woman in question was the proprietress; whether she is there now or not I cannot tell you.

*Dr. Vernon Davies.*

2212. Was the doctor present actually at the birth of the child?—Yes.

2213. Everything that went on during the actual confinement was perfect?—Yes, absolutely perfect.

2214. That was beyond reproach?—Of course, I know nothing. I am afraid I had some chloroform.

2215. Twilight sleep?—No, never. I had some chloroform at the moment. What went on I cannot tell you but I have every reason to believe it was fair and above board, because I know he is a man to be trusted.

2216. And personally you did all right?—Yes—well, I had a secondary post-partum hæmorrhage some time afterwards.

2217. Was your temperature or pulse taken?—It was never taken. I know the doctor asked for my chart, and I know the nurse sort of said: "Downstairs, Sir." It was never taken. Whether they made a chart or not I do not know; I can only suppose they did, because he was not the type of man not to see a chart.

2218. He did not take your temperature or your pulse?—I do not remember his doing so. I know I did have a temperature one night, because you do know when you have a temperature; but it was never taken.

2219. Was I right in understanding that the sheets that were on the bed when you were delivered were not removed?—Never removed.

2220. The whole time you were there?—No; and I had no attention there as I certainly should have had from a midwife during the first 10 days.

2221. Was there anything wrong with your doctor's sense of smell?—I do not suppose so; I do not know about that. It was the mercy of God that I did not go septic.

2222. I mean sheets a fortnight without a change?—Yes.

*Dr. Shiels.*

2223. Have you any experience of any other nursing homes?—Yes, as a nurse.



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2224. What is your opinion about them?—I was in a nursing home, employed there, three years ago. A patient was sent in because it was possible that she might have had to have a Cæsarean Section. I do know that the theatre had had a gangrenous leg removed there, and I know it was not fumigated, and I know it stood like that ready for my patient should she need a Cæsarean Section. I was going to speak to the doctor who had the case in hand should the patient have had to go into the theatre. I would not have let a patient of mine go in without saying something. The patient went into labour and was delivered in the usual way. It was not my business in the home. I only went in with my patient. I was employed at a private house originally, and I went in for the time with the patient.

2225. That was another home where they took in all kinds of cases?—Yes.

2226. Was the operating theatre not satisfactory in other ways?—It looked perfect. Doctors going in there would be very pleased. There were doctors whose names are known very well in the West End of London, and I know those men had no idea that the place was not fumigated.

2227. What was the staff in this hospital; were there trained nurses there?—Most of them were trained nurses, I think I am correct in saying, as far as I know; I only just had my meals with them. I was a special nurse with this patient that went in.

2228. Do you suggest, then, that although they were qualified nurses and presumably one of them in charge of the theatre, it was simply neglect of duty?—I think it was the fault of the proprietress.

2229. You mean that the proprietress was too slack?—I think so.

2230. I mean to say, the nurse in charge of the theatre, if there were a nurse in charge of the theatre, ought to have known?—She should have done, but I never saw anything ready for fumigation, such as one has in hospitals. In a hospital it is usual for a ward to be closed down and fumigated. Take a maternity hospital; you close down all your wards in turn and fumigate them and give them 24 hours' rest and airing. A theatre should be done like that, but it was not done.

2231. I shall leave the question of fumigation for Sir Richard Luce to

deal with. Have you any experience of any other nursing homes?—I was in one which was very well run, but it was owned by an untrained woman. She had the sense to employ qualified nurses, and she was an extremely nice woman who would not quarrel with anything they did. They took their orders from the doctor, and that was all; that is one of the very few cases.

2232. Your general evidence is that from your experience a number of nursing homes are unsatisfactory?—They are unsatisfactory.

2233. And you believe that they should all be registered?—Most certainly.

Sir Richard Luce.

2234. One question about the theatre. You are a trained nurse, are you?—Yes.

2235. What training?—King's College Hospital, 1908 to 1911.

2236. Did you ever do theatre work?—Yes.

2237. Did you ever see a theatre fumigated in King's College Hospital?—Yes.

2238. Are you sure?—Yes, I have seen it all cleaned down.

2239. Cleaned down, yes, but fumigated?—Yes. You have to fumigate a theatre.

2240. Have you ever seen a theatre fumigated?—I have seen the labour wards fumigated.

2241. Have you ever seen a theatre fumigated?—Yes, I have seen No. 8, the gynecological theatre, fumigated at the old King's.

2242. I cannot say that I have ever seen a theatre fumigated personally; that is the only point. You have had experience in theatres?—Yes.

2243. There are other ways. Have you any reason to suppose that the theatre was not cleaned in the way that theatres are usually cleaned?—It did not strike me, and I was generally about. I did not think that it was cleaned adequately to put in a woman who was about to be delivered.

2244. What you said before in your evidence was that you did not see the requirements for the fumigation of that theatre. In your view is fumigation a very valuable part of the cleaning of a theatre?—It is a good thing to spray all down your walls.

2245. Is that fumigation?—That is what I call fumigation—you spray them all down with formalin.



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[Continued.]

2246. What does fumigation mean?—Perhaps I am incorrect in my terms; that is what I mean by fumigation—I mean adequate disinfection.

*Chairman*

2247. Would you mind writing the name of the home down on a piece of paper?—Certainly.

*(The Witness withdrew.)*

Miss J. E. ROBERTSON, called and examined.

*Chairman.*

2250. You have not had any personal experience, have you, of nursing homes; it is with regard to your sister's case that you have come here?—Yes. I was at the nursing home at the time; I was staying there.

2251. Were you in the home as a patient?—No, I was not; I went down there for the week-end.

2252. They put you up there?—Yes.

2253. What size nursing home was it?—I really do not know. You see, a lot of the patients were in bed.

2254. It was a good big house?—Yes, a very big house.

2255. Was this in the country?—Yes, practically.

2256. At Bushey?—Yes.

2257. Was that the first time you had ever been in a nursing home?—Yes.

2258. What were your general impressions; was it a well-run home or badly-run home?—Very badly-run.

2259. You say there was a resident doctor; was he the owner or was he running the home?—He was employed by a limited company, so I understand. I may be incorrect, but it has changed hands a good many times.

2260. You say it was a limited company; had they more than one home, do you suppose?—I do not know.

2261. He was the doctor in charge of the whole establishment?—Yes.

2262. Did you see him drunk?—I did not know what was the matter with him; I thought afterwards that he was drugged.

2263. What was his behaviour?—I passed him two or three times on the stairs and I thought he had a most unprofessional attitude. My sister said herself that he was drunk when he attended to her. He was in the habit of drinking, I know. Whether he drugged or not I do

2248. I think we ought to have it?—I am speaking of the home where I was delivered.

2249. I mean this place in the north-west district where you were yourself?—Yes.

*(The Witness wrote the name and handed it to the Chairman.)*

*Chairman.*] Thank you; we are very much obliged to you for your evidence.

not know; but I formed the opinion that he did drug.

2264. Can you tell us any details of the way in which your sister was treated?—We only know that the second day after the baby was born she had a very high temperature, and they did not seem to know what was the matter with her and they did not care. After a time we began to be alarmed. They did not tell mother that there was anything the matter with her at all. She kept on being sick and still the doctor did not tell mother that there was anything the matter with her. After a time my sister's husband called in a specialist; he could not tell at once what was the matter with her, but afterwards he said she had got septic poisoning.

2265. You were staying in the house the whole time?—Not the whole time. I stayed from the Friday night till the Tuesday morning.

2266. Was it after you had left that the specialist was called in?—Yes. It was a twilight sleep case, and while I was there I met my sister wandering about the corridor, and I spoke to her, and she answered me in rather a strange manner. I told that afterwards to my mother, and she questioned the nurse, who said it was absolutely impossible because they were under observation. I know perfectly well that she was not under observation, otherwise they would not have allowed her to stray along the corridor.

2267. That is to say, she was neglected and there was no one to keep an eye on her. Was there any nurse told off to keep an eye on her?—I do not know whether it was a special nurse. She was attended by somebody in uniform; I do not know that she was a qualified nurse.

2268. Do you know how often she looked in at her?—No, because I was told I was



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[Continued.]

not to go near my sister, so I went out with her husband during the day.

*Sir Richard Luce.*

2269. You have no experience of nursing homes yourself?—No, none at all.

2270. I do not quite understand the exact nature of this home. Was the doctor entirely responsible for the care of all patients in it?—Yes.

2271. There was no visiting doctor from outside?—Did this doctor live in the place?—Yes.

2272. Your sister went there to be attended by him in his home; that was the idea, was it?—It was not the doctor's home; the doctor was employed by this company.

2273. Have you any idea how your sister came to go to this place?—No, I do not know.

2274. Was she sent there by her ordinary doctor?—No; that is the trouble. A lot of doctors are very much against this twilight sleep, and so you really do not know which are the good homes and which are the bad ones, because they are rather against them.

2275. She was not recommended to go there. This was a place to which she was not recommended to go by her own doctor?—No.

2276. She went there in answer to an advertisement, or how did she know of it? I do not really know.

2277. You do not know how she came to go there. She knew about the twilight sleep, and she thought she would like it, and hearing there was a place where they gave twilight sleep she went there with a view of receiving that form of treatment?—Yes.

2278. This man, as far as you know, attended all the people that were in the home?—Yes.

2279. It was entirely in his care? You think he was not the proprietor, but it was a company?—No, he was not the proprietor, I know.

2280. What evidence have you that it was a company? What made you think it was a company? Did your sister correspond with some company to get into it?—No. Afterwards my sister's husband wanted to take a case for neglect against them, and his lawyer found out that it was a company and warned him not to take the case up, because one man on the company was a very shady lawyer who managed to keep these cases within the law. He said to him straight off: "Can

you afford to lose £1,000, because if you cannot it is no use taking the case up."

2281. This, as far as you know, was a case in which it was a company running an institution employing a doctor?—Yes.

2282. Who was from your account not a very reputable person?—Yes.

2283. You are certain in your own mind that there was something wrong with this doctor?—Oh, quite; from the other patients talking to me as well.

2284. As well as your sister's and your own opinion?—Yes.

2285. You think he was a doctor?—That I do not know.

2286. Did that ever come into the question when your sister's lawyer took the case up? Was there any question of bringing it home to the doctor rather than to the institution?—No, but the evening that the baby was arriving the doctor came to see my sister and he sat on the edge of the bed in a very maudlin state of mind and told my sister how he had made a mess of his life, practically saying that he had spoiled all his chances through drink.

2287. It was largely from his own account that you have these ideas. You think that in all probability he was a qualified man who had come down in the world?—Yes; I think that was right.

2288. You do not know how many patients they took in?—Well, I should think about 20, at least.

2289. Do you know if it is still going on?—I think it is still going on. They built a big annex in the grounds for the people who were waiting, and they keep the people with the babies in the actual home; so I think there were as many as 20.

2290. Do you know what sort of staff they had in the way of trained nurses?—I do not know whether they were trained or not. The one that attended my sister I am sure was not trained.

2291. What makes you think that?—She was dirty and she was careless in washing.

2292. She wore a uniform, I suppose?—Yes, she used to wear uniform.

2293. How long had this place been going before your sister went to it?—I do not know.

*Mr. Hurst.*

2294. Was there any inquest on your sister?—No; she did not die.

2295. She is still alive?—Yes. The doctor said it was the strangest case he



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[Continued.]

had ever seen. She was six months in the Richmond General Hospital.

2296. This is at Bushey Park?—Bushey Lodge.

2297. Were the police told about this?—I do not know.

2298. You say in your statement that there was a mother and baby who died; I misunderstood it. In paragraph 10 you say that another patient with her baby died of septic poisoning?—Yes.

2299. Were any steps taken in their case at all?—I do not know. We only knew of the case because my mother tried to stop her going.

2300. Do you live near there at all?—No, I do not, but it is well known in the neighbourhood. If you notice, I gave you the case of one woman who ran away, and the hotel that she went to were not at all surprised; they said that they had had other women who had run away from it.

2301. This is the Bushey Lodge Twilight Sleeping Nursing Home, Bushey Park?—Yes.

*Dr. Vernon Davies.*

2302. This is evidently a place that was advertised in the early days of twilight sleep to appeal to women who went there very often against the advice of their own doctor?—I do not know.

2303. In the early days ladies very often as soon as they heard of it wanted this twilight sleep; perhaps their own doctors did not believe in it; they would see the advertisement and would go?—Yes.

2304. What makes you think that your sister was inoculated with a dirty needle?—The way the poison was in her system. I do not know anything about nursing, but if you inoculate a person through the arm the poison travels very rapidly and in a certain way. The doctors at the Richmond General Hospital said that, and the specialist said that from the way that the poison was in her system. You see it was all over her in all her joints; it was not a local poison.

2305. Had she rheumatism?—No.

2306. What do you mean when you say: "In all her joints"; how were the joints affected?—They had to open up all her shoulders and thighs and that sort of thing to let the poison out.

2307. Was there pus—matter?—I do not know what it was. I hear that the

doctors in the Richmond General Hospital, when they operated on her, said they had never seen such a case in their lives.

2308. There was some discharge from the arms?—Yes, very bad.

2309. And from the legs as well?—Yes.

2310. Do you know if the baby was born naturally or were instruments used?—Instruments were used.

2311. You got the impression from the doctors at Richmond Hospital that the poison was conveyed through the dirty needle?—That is what we understood.

2312. And not from the delivery of the child?—Yes; through the needle.

2313. How long was your sister in the home before she was taken away?—She was six weeks, I think; I am not quite sure about that; it was a long time.

2314. More than a fortnight?—Yes.

2315. And she was taken straight away from the home to the Richmond Hospital after the specialist had seen her?—Yes.

2316. Was she taken by ambulance?—Yes. They had not a stretcher in the place.

2317. She was really seriously ill?—Yes; our own doctor would not touch the case. He said he could not touch it; it was too bad. We tried to get her to every nursing home in London, but not one of them would take her; she was too bad.

2318. Because she was septic?—Yes.

2319. Was there anything wrong with the baby at all?—Nothing.

2320. Eyes quite all right?—Yes.

2321. Never had any trouble at all?—Nothing at all; he is very healthy now.

2322. You found your sister wandering about the landing, probably going to the lavatory?—Yes.

2323. Was there a nurse in her room at the time?—No.

2324. So that she had simply been given a drug at the commencement of the treatment and then allowed to wander about as she liked?—Yes.

2325. Which you thought was neglect?—Yes.

2326. The only other case you heard of your family tried to prevent going in? No. There was another case that I gave, I think; her name was Mrs. Scott, the lady who ran away.

2327. That is the one that walked out?—Yes.



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[Continued.]

2328. You say here: "After being bullied by a male member of the company that ran the nursing home, dresses herself and the baby (the baby being a few days old and the mother had not yet been up)"—how old is "a few days"?—Under a week.

2329. That was a very great strain for a woman, under a week to get up, dress, run to a hotel a quarter of a mile away?—Yes.

2330. Did anything happen to her?—No; I went to see her in the hotel.

2331. She got all right?—Yes; I know she was all right.

2332. It was a very unwise thing to do?—Yes. She knew that she was practically risking her life.

2333. You say that the hotel people know that this place has a bad name?—Yes.

2334. It is still in existence?—Yes.

2335. Have you ever seen any advertisement in any paper referring to this home?—Yes.

2336. Can you give us the name of the paper?—I think it is papers like "The Queen" and "The Tatler"—rather good papers like that. I have not looked lately, but I remember at the time.

2337. But you think it has been advertised?—Yes, and in "The Times."

2338. "The Times," "The Queen" and "The Tatler"?—That kind of paper.

2339. It goes in for good class papers?—Yes.

2340. Thereby appealing to good class people. Have you any idea what fee your sister paid?—Ten guineas before and 12 guineas after the baby was born.

2341. That was 22 guineas for a stay of how long—three weeks or a month?—She stayed over six weeks.

2342. That is what she paid for the six weeks?—No. 10 guineas a week before the baby was born and 12 guineas a week afterwards. If the mother was not feeding the baby herself they charged another two guineas.

2343. Quite an expensive home?—Yes.

*Chairman.*

2344. I suppose you know we did ask you whether you would like to have all this made public; you are now, of course, making it public—names, addresses and so on; you do not feel any qualms about

that?—No. I do not think I am in a position to take up a law case about it.

2345. You are not, of course, in the position of being a nurse who might lose her job owing to it?—No.

*Dr. Vernon Davies.*

2346. Are you a nurse?—No, I am not.

*Chairman.*

2347. You have no qualifications?—No.

*Mr. Cecil Wilson.*

2348. You say here that the babies in the nursery were neglected and dirty; did you actually see them?—Yes. I went to see my little nephew there and he was dirty. He had not had his napkins changed and he had been sick quite a good few hours before, I should think. He had not finished his bottle and it was still lying by his face. He had perspired very freely. I felt his clothes wet all down his back. He either had a temperature or I really did not know what was the matter with him. There was no nurse in the nursery at the time, otherwise I should have said something.

2349. How many other babies were there there at the same time?—About seven or eight, I should think.

2350. And no nurse?—No nurse in the nursery at the time.

2351. What sized room was this?—About half the size of this room.

2352. What is the hotel at which they told you that they had had other cases of the same sort?—The name of the hotel?

2353. Yes?—It is called "The Clarence."

*Dr. Shiels.*

2354. There is one little point with regard to this male member of the company. Were there other male individuals about the home apart from the doctor?—I do not quite know what position this man was in; he had something to do with taking the money.

2355. A cashier?—Something like that.

2356. Was he the only other male individual besides the doctor?—The only one that I know of.

2357. Was there a matron?—I do not think so.

2358. You never saw any matron?—No, I did not.



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[Continued.]

2359. No female person in charge?—I do not think so.

2360. Was the doctor the person who appeared to be the one that things were referred to?—In my opinion nobody

seemed to be in charge of anything; they were just making money out of it.

*Chairman.*] Thank you very much for your evidence.

(The Witness withdrew.)

(Adjourned to Tuesday next at 5 o'clock.)

Wednesday, 19th May, 1926.

MEMBERS PRESENT:

Sir Cyril Cobb.  
Dr. Vernon Davies.  
Captain Ernest Evans.  
Mr. Haslam.  
General Sir Richard Luce.

Major Price.  
Dr. Shiels.  
Miss Wilkinson.  
Mr. Cecil Wilson.

SIR CYRIL COBB IN THE CHAIR.

Dr. F. N. KAY MENZIES, M.D. (Edin.), CH.B. (Edin.), D.P.H., F.R.C.P. (Edin.), called and examined.

*Chairman.*

2361. Dr. Kay Menzies, you are the Medical Officer of Health for the County of London, I think?—I am.

2362. And School Medical Officer?—Yes.

2363. We understand that the County Council applied in 1915, under the General Powers Act, for powers to register Lying-in Homes?—Yes.

2364. Can you tell us what circumstances led to the County Council applying for those powers?—I think there were two causes in particular which influenced the Council in so doing. One was that in the exercise of their duties as Local Supervising Authority under the Midwives Act, 1902, a good deal of information came to the Council's knowledge with regard to the conditions that obtained in certain parts of London, under which women were confined; and then, in addition to that, a good deal of

information was placed at the disposal of the Council by various Social Agencies, which tended to show that not infrequently the women who were confined under these unsatisfactory conditions were subsequently persuaded to adopt an immoral life. It was for those two reasons in the main that the Council went to Parliament for the powers that were subsequently granted in the Act of 1915.

2365. What was the nature of the unsatisfactory conditions to which you allude?—In particular the conditions as regards the confinement of the women were that the homes to which they went were homes in which there was no proper nursing provision, and certainly no satisfactory equipment for obstetrical purposes. Not only that, but not infrequently the homes themselves were places that were in an insanitary condition; that is to say, they had not got proper sanitary accommodation; they had no



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[Continued.]

bathrooms very frequently; and, therefore, generally speaking, one might say that the equipment which ought to have been provided under such conditions was not forthcoming.

2366. Did any evidence come out as to whether the nurses, or so-called nurses, there were trained nurses or not; did you get any particular evidence upon that point; did they ever get any trained nurses in these Lying-in Homes?—No, not in that class.

2367. When you say that the nursing was not a suitable sort of nursing, you mean, I suppose, that they were untrained nurses?—Yes, quite.

2368. Did the enquiry lead to the discovery of any other kind of abuse, besides those you have mentioned?—I daresay one might mention a number of small matters; but I think really those are the main points.

2369. Were they crowded, for instance?—Yes, there was a certain amount of overcrowding.

2370. Then the Council applied for its powers in 1915, and what was the nature of the powers that were asked for? I know they are set out in your Paper, but I have to ask you these questions in order to get it on the note?—I understand, Sir. I will just go to paragraph 5 of my evidence, and say that the powers that were asked for are summarised there. They included, first of all, of course, a definition of a lying-in home; Conditions of registration; Powers of entry and inspection; Penalties for offences; Exemptions; Power of delegation to Borough Councils; and Right of appeal to the Magistrate. Now Sir, if there are any points in connection with those seven subjects that I can amplify, I shall be glad to do it. I do not know whether the Committee have before them a copy of a document that was issued by the Council in 1916, which sets out shortly what those powers are? There is a similar document in regard to the later Act if the Committee have got those two documents?

2371. Yes; we have had those circulated?—If one goes through them, one could follow it.

2372. "F.N.K.M. 1"?—That is the one. For instance, taking No. 1, the definition of a lying-in home, that is set out in paragraph 2.

2373. One question on that. In "(e)" you say that a lying-in home carried on by a duly registered medical practitioner

is to be exempt. Why was that exemption made?—Well, Sir, I think it was pressed very much upon the Committee of Parliament at the time by the Medical Profession that there should be an exemption made in cases where the Council, as the authority for administering these powers, were satisfied that the conditions were conditions that would be satisfactory; and perhaps I might mention in that connection that as a result of the experience of the last ten years, there are only nine lying-in homes carried on in London by medical practitioners which are exempt under the certificate. I will put this paper in, if the Committee desire it, merely in order to show that the class of place which is exempt is a class of place that nobody would hesitate to exempt because the conditions there are obviously highly satisfactory. May I just mention one as an example?

2374. Yes?—The Harold Finck Private Hospital, 17 Park Lane; the name of the practitioner conducting the Home is Sir Douglas A. Shields. I think one might assume that an institution of that sort is hardly likely to be one that would require supervision by a public authority. There are a number of others. Harley House Nursing Home, 4 Courtfield Gardens; 5 Bentinck Street, Cavendish Square. I put this in so that the Committee can see it. (Handing in a document).

2375. I do not know that the fact that they have good addresses is a sufficient guarantee?—There is also the name of the practitioner conducting the Home, and also the certificate of two independent medical practitioners.

2376. What is your own view about that?—I think it is eminently reasonable.

2377. Supposing we decide, or recommend from this Committee that nursing homes as quite distinct from Lying-in homes should be registered, is it your opinion that the same exemption should apply?—Yes.

2378. Then after that, the Council asked for further powers in 1920, I think?—Yes, 1920.

2379. What was the reason why they were not satisfied with the existing state of things?—As a result of practical experience of the administration of the Act, it was found that there were certain directions in which the Act of 1915 was hardly satisfactory. I think one of the best examples is the one referred to in



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(2) in paragraph 6. That says: "The power to refuse or cancel registration should be exercisable against a person who was 'unsuitable' instead of 'of bad character.'" We did, as a matter of fact, protest right away from the start that the use of the term "bad character" would be extremely difficult to carry out in practice. If you were going to say to a person "I will not register you because I believe you to be a person of bad character" and that person had the right of appeal to a magistrate, it would be extremely difficult to prove before the magistrate in some instances that the person was a person of bad character. We got that altered to "unsuitable," and "unsuitable" is a very convenient word for this purpose, because it allows a very considerable width of interpretation, and is very useful in practice. Then there was the question of bylaws; that was another important point that we altered in 1920—the power to make bylaws. Bylaws are very useful for the purpose of defining exactly what you do require of these people under certain conditions. The bylaws you will also see set out in the other document. I do not know whether it has got a sign of any sort upon it, but it is headed "Bylaws as to Lying-in Homes."

2380. Yes, we have got it?—That gives examples.

2381. That is "F.N.K.M.2."?—Yes.

2382. Is there anything you would like to tell us specially about that—about the efficacy of it, and so forth?—I should like to say this, that we have found that this power of making bylaws is extremely useful in practice.

2383. One point about paragraph 6 in your Paper, sub-paragraph (4) (a)—"Prescribing the records to be kept." Has there been any difficulty about that?—None at all.

2384. Nobody has objected to the records that are kept?—No.

2385. What records are kept?—You will see those set out in paragraph 2 of the bylaws. "A keeper of a lying-in home shall keep a register of patients received at the home and shall enter therein the following particulars with respect to every patient"—and then the particulars are set out. I have not known of any difficulty at all with regard to the keeping of those records.

2386. I gather that the general effect of the powers sought by the Council and

exercised by the Council has been favourable?—Distinctly so, I think.

2387. They seem to have had a very considerable effect upon the number of homes registered. In your Paper I see that in 1916 there were 183 and in 1925 there were 277. The number seems to be fairly constant from 1918 onwards?—Yes, that is so; in spite of the fact that if you look down to "(f)" below that, "312 have been cancelled voluntarily since 1915." That is rather a remarkable fact.

2388. That looks to me as if they like being registered?—Yes.

2389. But what is the penalty if they are not registered? Are there any homes now which are not registered and not exempt under the bylaws?—Not that we know of, of course.

2390. How would you find out if there were?—Mostly, of course, one does it through the Notification of Births Act. We get information of where every birth takes place, and if there is any reason at all to think that a birth took place in an unregistered home, it is quite easy to trace it; we get our information from such a variety of sources; if once we set that machinery in motion, there is no difficulty in ascertaining it.

2391. Do you think that the registration of and the imposing of obligations and so on on these lying-in homes have sent up the cost to the patients at all?—It is very difficult to say. I believe that probably, on the whole, it has slightly increased the cost; but then it is very difficult to compare cost to-day with cost in 1916.

2392. Quite so?—I do not really know how one is going to arrive exactly at a comparison; but I should say that probably one may take it as true that there has been an increase in cost.

2393. There is no general complaint of that kind?—No.

2394. What about costs?—Do they vary in costs?—The Homes?

2395. Yes.—Yes, enormously.

2396. From what to what?—It is very difficult to say. A great many of these Homes that are registered are Private Nursing Homes in the neighbourhood of Harley Street; you get from that class right away down to the poorest class of lying-in Home in the suburban districts.

2397. You give us 99 mixed Homes. I want to ask you about those. I gather those are the Homes which are lying-in Homes, and as well, ordinary Nursing Homes?—Yes.



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2398. What is your opinion of that system; is it a good one?—Yes. I do not see any objection at all to confinement cases being dealt with in mixed Homes. It is all a question of conditions. If the conditions are satisfactory, there is no reason that I know of why a confinement case should not be carried out in a properly equipped Nursing Home.

2399. What are the arrangements of the Council with regard to the registration and inspection? I think we know that, with regard to registration, they have to apply, and they fill in the requisite form, and then, provided they are not exempt, and they are satisfactory, they get registration. But before that, I take it, they have to be inspected?—That is so.

2400. Will you tell us how that is done—in fact, all about it?—We have a double inspection. First of all we send one of our women medical officers down to the Home in order to inspect the Home from a purely medical point of view, and, as you will see set out in paragraph 11 of my statement, the main points to which they direct their attention are as stated there in (a), (b) and (c). General points as to the suitability and sufficient training of the nursing staff; as to the provision for aseptic and antiseptic precautions. Then, as far as the mother is concerned, the question of beds, the provision of douche cans, syringes, pans, linen, and so on—the ordinary obstetrical equipment. As far as the child is concerned, to see that suitable cots are provided, and feeding bottles, and so on. That is all done by one or more of our women medical officers, who are primarily concerned with the administration in London of the Midwives Act, and it is convenient that they should undertake this work, for the obvious reason, as you will see from the previous page, that of these 277 Homes, 133 are maintained by certified midwives. Therefore it prevents a good deal of overlapping when the same person undertakes the supervision of the Lying-in Homes, and the supervision of the midwives' work under the Midwives Act. That is the obstetrical and purely medical side. Then we have one of our Inspectors who visits the Home from the point of view of construction, means of heating, light and ventilation, cubic space, beds, water closets, drainage, and the existence of or proximity to any nuisance. Of course, we keep very much in touch with the

Borough Medical Officer of Health and his staff with regard to anything that is found there that can be dealt with under the Public Health Acts. Then there is the question of the sanitary inspection. It might be worth while mentioning to the Committee that cubic space is a question we are constantly asked about, as to what cubic space we lay down as a requirement. Broadly speaking, we take the line that for a mother and child we expect a cubic space of 960, if the room is occupied by both mother and child. For a mother herself, 800; and for what we call the ante-natal period, before actual confinement, 600. I do not know whether it is worth while dilating on this point, but I can deal with it very shortly. The advantage of having these three measurements is that if a Home is so arranged that it can have rooms provided for women before, during and after labour, they can do it on that cubic space provision, which is based on quite sound lines, of course; that a woman before actual confinement can do with a less cubic space for her bed than she can afterwards. After confinement she should have even for herself, whether she has a child or not, a larger amount of cubic space than she has before, and if she has a child, then the figure is still higher.

2401. Do you make much use of Borough Council Medical Officers?—We did in the early stages, because, of course, a good many of these places required to be brought up to what we considered a proper standard as regards sanitary conditions; but in more recent times, of course, the standard having been now fairly established, we do not have quite so much work to do with the Borough Council as we did before, but for all that we work in complete co-operation with them where necessary.

2402. The Act gives power to delegate to Borough Councils. Has that ever been done?—We did try it in one borough in London for a short time, but there were difficulties which arose, but which have really nothing to do with the point the Committee is interested in. It was a question of difficulty with regard to the delegation of the work, not only in respect of Lying-in Homes, but as regards the Children's Act as well. We tried to consolidate in the borough the whole of the maternity and child welfare work, and there were difficulties in connection with the Act of Parliament.



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2403. Will you develop that position a little, Doctor?—Yes, certainly. The point was this: In London the Borough Councils of course, as the Committee are aware, are the maternity and child welfare authority under the Act of 1918. The County Council is the authority under the Midwives Act and also under this Act for dealing with registered lying-in Homes. It is also the authority under the Children's Act of 1908, and more particularly Part 1 of that Act. Under Part 1 of that Act the Council has to deal with infant life protection. Our feeling was that it would be a great advantage if we could consolidate all maternity and child welfare work in the hand of one public health authority, and we tried the experiment in Greenwich. The difficulty amongst others, which arose was this: that under the Children's Act, Part 1, the Council could not delegate its powers to the Borough Council; it could only ask them to act for them as agents for that purpose. Of course that caused great difficulty, because time after time, when it was necessary to take prompt action, they could not do it without coming to us first of all and getting authority, which involved various legal proceedings, and so ultimately they said "Until such time as Parliament decides to delegate, or to give powers to the County Council to delegate its powers under the Children's Act, we think it is better to go on as we are." There was no question of friction or unpleasantness; it was simply that we all realised it was impracticable to carry on under those conditions.

Dr. Vernon Davies.

2404. Was that the only difficulty?—It was not the only difficulty. I am glad you reminded me of that, Sir. There is another difficulty. The Midwives Act that was passed in 1919, the last Midwives Act, not the Act of 1902, took away from the County Council the power to delegate to borough councils its power under the Midwives Act. That of course constituted another difficulty. The County Council has no power to delegate its duties under the Midwives Act to a borough council, and that again was a point that arose.

2405. That simply applies to London, does it not?—No. The Midwives Act of course, taking away the delegation, applies throughout the country.

2406. But the county council or the local borough councils have never had any power as regards the Midwives Act.—The county council in the provinces is the authority for the Midwives Act.

2407. It does not affect a county borough?—No

Chairman.

2408. But you have no doubt in your mind that so far as the registration of these lying-in Homes is concerned, the county council are the right authority, and not the borough councils?—Certainly I think so, as long as the present conditions obtain.

2409. Now you have got your lying-in Homes registered and inspected by your two sets of people. What happens in subsequent years? Is there an annual inspection, or under what conditions does a re-inspection take place, to see that everything continues to go on right?—To begin with, there is certainly an annual inspection; at least, an annual inspection. Apart from that we impose upon our assistant medical officers, the women medical officers, who are doing this work, under the Midwives Act, the duty of going to these Homes at every opportunity they have, when they are in that neighbourhood doing other work. They are in the neighbourhood of lying-in Homes constantly all through the year, because every day of their lives they have to go out into their own particular area of London to undertake their duties under the Midwives Act. Therefore we put it to them that it is their business to undertake this work in their stride, as it were. If they are in the neighbourhood of a registered lying-in home, go in and see how the work is getting on; pay surprise visits frequently. There is the annual inspection and the inspection in the course of the stride, shall I put it. Apart from that we periodically of course, receive information from the lying-in home or from others, such as, for example, the borough council, that there have been cases notified there perhaps of puerperal fever, or some other condition of that sort. That necessitates a special visit.

2410. Supposing we wanted to advise the registration of nursing Homes as distinct from lying-in Homes, do you think that practically almost identical rules and regulations and system of inspection would be suitable?—Generally speaking I should say yes.



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2411. What is your general view as to the need for registration of nursing Homes, as distinct from lying-in Homes?—I certainly am in favour, generally speaking, of the registration of nursing Homes. I do not know whether you would wish me to deal with that point more fully later, Sir, but I will if you desire it.

2412. I do not think I have any further questions that I would like to ask you on the lying-in Homes; those are not before us really as far as our Terms of Reference are concerned; they are only analogous, and one wanted to know from you how the whole matter of registration and inspection was working, in order that we could see how far it might be applied to nursing Homes, if we decided that they also should be registered; so I should like to know your view as to how the two things would work in together in a County Borough or County Council like London?—On the general question you have put to me, I am quite satisfied in my own mind of the need for registration of nursing Homes.

2413. Why?—That is why I come to the question of amplification. I am not entitled to give official evidence on the need for the registration of nursing Homes, so if you would allow me to finish my official evidence, then I shall be prepared to answer any questions unofficially.

Miss Wilkinson.

2414. In paragraph 4 of your paper you are speaking of lying-in Homes being the ordinary poor class dwelling houses. Were these primarily lying-in Homes for illegitimate children?—Oh no, Not only those. A very large number of them were, certainly.

2415. Were fees paid, or were they philanthropic institutions?—Certainly the majority of them were not philanthropic institutions; quite the contrary; they were fee paying patients.

2416. Did you find, in connection with these small dwelling houses as lying-in Homes, that the rate of infantile mortality was very high—was it that which called your attention to it?—That was one point, certainly, the statistics with regard to the illegitimate children. The mortality of illegitimate children is available in every public health department, and sometimes they were worked out as to where exactly the birth took place, and what were the conditions of birth, and it did show in these instances

a much higher mortality than it did in the average of the cases.

Dr. Vernon Davies.

2417. The average for London, or for the country?—I am speaking for London only.

Captain Ernest Evans.

2418. Has the Council itself received any representations as to the desirability of having registration of nursing Homes?—Not that I know of; I really could not say that; I do not know. I am not attempting to burk your question; I do not know.

2419. Do you think that the registration of all nursing Homes in London is practicable? Do you think you would be able to check it?—I have not any doubt that we should in time. I do not believe that the County Council cannot do anything if you give them time to do it.

2420. Have you any views as to whether there should be any special treatment for nursing Homes that are run by doctors, as compared with nursing Homes run by private people?—I have already said I think, in answer to the Chairman, that I should be quite prepared to take the view in regard to the registration of nursing Homes that the Council has already taken with regard to lying-in Homes, in that respect.

2421. I am afraid you probably said that before I came in; but what is your idea as to what the inspecting authority should be?—I am quite clear about that. The County Council is the only possible authority for this work, in my opinion.

2422. Acting through a Committee, or through its Medical Officer?—Through its Medical Officer; but the Medical Officer is responsible for everything he does to some Committee of the County Council. Presumably, this work, if it were undertaken by the County Council, would become part of the work of the Public Health Committee.

2423. Do you think the Medical Officer would relish the idea of being responsible for the inspection of Nursing Homes?—I do not think we should worry our heads about that very much. I do not see any reason why it should be an unpleasant task. We have never found it an unpleasant duty in connection with lying-in Homes. Generally speaking I think that the people who have now got registered lying-in Homes in London are very glad indeed that there is such a



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thing as a registering authority; they have found it greatly to their advantage.

2424. In the case of lying-in Homes, it works quite satisfactorily?—Very satisfactorily.

*Chairman.*

2425. Was there a difficulty to begin with, when you first took it on?—The only difficulty was that there were a certain number of places which knew perfectly well that we would not register them, and, as I have said in my statement, what they did was immediately to move out of London to the nearest place where they did not require to be registered, and the consequence was that those authorities had to come along next year and say "We want the same powers as the County Council have in London." For example, Middlesex, Surrey, and so on, and they said, "All that is happening is that you are pushing out of London the undesirable lying-in Home," and they got power also to register; and eventually those Homes were abolished, I presume; I hope so, at all events.

*Dr. Shiels.*

2426. In regard to the doctor's' homes, did they all have trained nurses? Were all the nurses fully trained in the doctors' homes?—That I could not tell you off-hand; I do not know.

2427. Have you ever known of any doctor's nursing home that was unsatisfactory—

*Chairman.*

2428. You are not giving us evidence about nursing homes at the moment, are you, Dr. Menzies?—I was wondering whether the Chairman would say it was a question I should not answer. Personally, I should prefer not to answer it.

*Dr. Shiels.*

2429. Very well; I will not press you on that. May I put it in this way: if these doctors' nursing homes are so satisfactory, as you describe them, that the inspection would be merely a nominal affair, what is the objection to making an apparent difference in other nursing homes which might lead to unpleasantness and a feeling of separate treatment to individuals carrying on the same business?—I do not quite understand your point.

2430. My point is, why should doctors' nursing homes be exempted?—I should have thought that the obvious answer to that was the one I have already given, namely, that the class of place that is exempted, at all events, in our experience, is a class of place which people cannot afford to run other than on first-class lines. That is the only reason I know of.

2431. Would you be surprised to know that we have had evidence showing other cases of doctors' homes where conditions are rather different?—Are you speaking of lying-in homes?

2432. Mixed homes?—Of course, mixed homes are not included, are they?

*Chairman.*

2433. What happens in London?—As far as I know, Mr. Chairman, every one of these places that you call mixed homes on the list here, 99 are not, of course, run by a doctor; they are run as ordinary nursing homes by nurses.

2434. But you do exempt those which are run by doctors? Therefore, you cannot tell us whether the lying-in homes which are in doctors' hands are mixed ones, or only lying-in homes?—No. I cannot say that off-hand.

*Dr. Shiels.*

2435. What is the standard of nursing of these homes? Is there a number of nurses who are not certified, who are assistant nurses?—Yes.

2436. Can you tell me what the proportion is?—I think you get the figure fairly well set out in paragraph 8 of my statement. You see there that there are 133 of them that are quite definitely run by certified midwives; that is to say, that the work is undertaken there by a competent trained certified midwife.

2437. That will be a supervising person, of course, but she might have half a dozen nurses below her?—She might, but it is very unlikely, because I find in going through all these registered lying-in homes, the 277 of them, that the average bed accommodation is just a little over three. That is rather an important point. It shows that the great majority of these places are very small homes, and that in all probability you may take it that the 133 are maintained by certified midwives who are practically all of them women who have two or three beds in their own place properly supervised by



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them, and they do a certain amount of district practice as well.

2438. What are the general instructions which these lady doctors who inspect these homes have as to the standard of nursing? We may probably have to give some indication of our views in that direction?—I quite understand your question. We have never made it a rule that there must be a certified midwife in charge or a general trained nurse in charge. What we have made an absolute rule was that if there was not competent midwifery experience such as a certified midwife has, then the cases there must be undertaken by a medical practitioner.

2439. Do you think that your lady inspectors are able to judge of the competence of the nursing staff?—I should say so, certainly.

2440. Some of the nurses would probably not agree that a lady doctor could do so?—I personally cannot imagine why they should not be quite capable of ascertaining the competence of the nursing in any institution of that sort.

2441. I was wondering whether they ascertained it by finding out whether they had certificates, or how they went about it—what the standard was?—After all, the test is the test of practical experience, is it not? This work has been going on now since 1916, and we are thoroughly familiar with what is going on in these places. If the conditions are, either from the nursing point of view or the medical point of view, not satisfactory, we should have no difficulty in ascertaining that.

2442. You judge by results?—Not only by results, but I say that is a very good test, obviously.

2443. I noticed that there was one item in your inspection which was not included, namely, the kitchens and the food, and the sleeping accommodation of the staff. Do you look into that at all?—Certainly.

2444. Is that done by the lady inspectors?—Not necessarily only by them.

2445. I do not think that was indicated in your memorandum?—I put in, I think, some of the forms that were used in connection with the inquiry, and there are pretty full details as to what the inspection is.

2446. You do that before you license the place, do you?—Yes. No place is registered by the Council until it has been thoroughly inspected both by the medical officer and the sanitary officer.

2447. Does the lady inspector, for instance, take any interest in the food?—I should say certainly so. If she did not do it she is not doing her duty.

2448. What is the special reason why you would like the County of London exempted and allowed to carry on? Supposing we suggest a Bill which was substantially on the lines of your Bill?—I think there are two or three practical difficulties which arise. One is that I think I am right in saying, speaking from memory, that your Bill provides that the authority to whom an appeal should be made, for example, in the event of the Council either refusing to register or cancel a registration should be the Ministry of Health, and that the Ministry of Health should appoint a referee. I think that is the position, if I remember it. That is one point. Another thing is that you say that the Ministry of Health shall make regulations for the proper conduct of the homes.

2449. Yes; of course we are not bound to that. We are dealing with the situation *de novo*.—My reply to your question is that it would involve a difficulty. We have got at the present time definite powers by which the County Council makes its own byelaws for these registered lying-in homes; also under our Act the magistrate is the person to whom an appeal is made in the event of an appeal being made by the applicant, and in your case it is the Ministry of Health—in the case of the Bill, I mean.

2450. I mean, supposing that what we proposed (we are not bound to that Bill at all) gave substantially the same powers as London has at present, you would not have any objection to being included in that would you?—I should have the strongest objection to anything that interfered with the powers we have now got, based upon the fact, of course, that we have been doing work for ten years under an Act and an amended Act, and it is going on extraordinarily well. I do not see the point of interfering with it; I never see the point of interfering with anything that is going well.

2451. You agree that co-ordination is a very desirable thing—that there should not be any more Acts in existence than is absolutely necessary?—I would say one more thing to you, if I may, and it is this. I think Parliament would be well advised to trust far more to the public local authorities than to be always



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looking to the Ministry of Health for purposes which are essentially local. Nursing homes, registered lying-in homes, and all those things are essentially local questions, and if a body like the London County Council, which is dealing with four and a half millions of people, is not capable and competent of undertaking work of that sort, I do not know what local authority is. It seems to me absurd to go to the Ministry of Health for regulations and for appeals and so on.

2452. But as long as that power was conserved, you would have no objection?—I can only tell you what I have said before. I am not in favour of any alteration of the existing arrangements so far as the lying-in homes are concerned, and I hope that if Parliament do give powers for the registration of nursing homes, they will act on the same lines as far as London is concerned with regard to the duties and responsibilities.

Major Price.

2453. I take it what you mean is that you are in favour of the registration of nursing homes being added to the duties which you already undertake?—Exactly, and broadly on similar lines.

2454. I notice in paragraph 13 you say in the last sentence "While the standard of efficiency of the desirable class of lying-in homes has been greatly improved, especially for those persons who are only able to afford a small weekly payment." Do you consider that there are a sufficient number of homes for people only able to afford a small weekly payment?—That is to say, lying-in homes?

2455. Yes. Are their needs supplied?—I think they are, for perhaps rather a different reason from anything that you have been familiar with up to the present. We made a very elaborate inquiry in London during the early part of this year into the provision that was available in London for lying-in, and we found, greatly to our astonishment, that there was an enormous provision to the public for lying-in purposes; I think it is well over 60 per cent. of the people who are confined in London, who if they so choose can be confined in suitable institutions or registered lying-in homes. Therefore for that reason I think that the provision in London—it may be rather exceptional, of course—is very high, and the fact that for years the figure has been more or less stationary rather suggests that we have reached the limit.

2456. I take it you have considered the question of the registration of nursing homes in your official capacity to some extent?—In my unofficial capacity perhaps. I am in a difficulty over this question.

2457. I quite follow that. I do not want you to say anything that you are not justified in saying. What I rather wanted to get at was whether the fact of the registration of nursing homes generally would have a tendency to throw people who are already in nursing homes out of homes altogether?—I do not think so, but perhaps you would not mind my asking you, where do you think they would go to?

2458. They may remain in their own homes?—Possibly, for example, an overcrowded house, and under ordinary circumstances they would be better even in this type of Home.

2459. Yes. I do not say in the very worst of them, but in some that perhaps would not come within the category of a registered nursing home.—I do not think that if the public authority, for example, like the London County Council in London, were charged with the duty that we are speaking of now with regard to nursing homes—I think that if they were to exercise their powers in such a way that it would necessitate the turning of people out of these homes, it would be bad administration. I should say it would be our duty to proceed upon the lines of gradually trying to raise the standard of these homes, rather than to demand a standard which would result in these people being turned out into possibly worse conditions. I should call it bad administration if that happened.

Mr. Cecil Wilson.

2460. With regard to the exempted homes, what is the process—do they apply for exemption?—Yes, they apply for exemption.

2461. And then what happens?—Then they must conform to the conditions that are laid down.

2462. But I mean, are the homes visited?—Yes. I understood your question referred particularly to exempted homes?

2463. Yes.—The only homes that can be exempted are those that are definitely laid down in the Act. They must conform to the conditions of exemption, whatever they may be.



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*Sir Richard Luce.*

2464. Do they become registered?—Yes. Exempted only means exempted from inspection.

*Mr. Cecil Wilson.*

2465. There are only nine exempted out of the 277?—That is all, yes.

2466. That simply means that the others have not applied for exemption?—It only means that some medical practitioner has taken it into his head that he would like to take advantage of the power of exemption. As a matter of fact, there are a whole lot of other places that are probably even better-class institutions than those that are exempted. They do not want to be exempted; they are quite content to be registered; in fact they prefer it.

2467. Then you refer to the keeping of records. We have had some objection raised in regard to nursing homes with regard to the keeping of records. What happens as to the records in the homes which you are giving evidence upon—where are these records kept?—They are simply kept by whoever is in charge of the home, and our inspector when she goes there says “I would like to see your register,” and that register has to be kept in accordance with the bye-laws that are set out here. She goes through that register and sees whether the register is properly kept, whether there are any conditions, for example, noted in the register that ought to be notified to us and were not so notified, and any other points, of course.

2468. And no objection is raised by the patients (I am thinking now of the better class homes) to their names being recorded, and so forth?—No, not that I know of. For all I know, they may not know they are recorded. I cannot tell you.

2469. You are speaking of homes of all classes, from those in which the fees are very small to those in which they are very substantial?—Yes.

2470. Then with regard to the 99 mixed homes to which you refer, are those kept by certified midwives?—Not necessarily, not kept by a certified midwife. They are the class of institution that we are all familiar with as the ordinary nursing home to which a person may go suffering from any medical, surgical, obstetrical or any other condition.

2471. You say that 312 have been cancelled voluntarily since 1915; that means something like 30 cancelled each year?—That is voluntary cancellation, yes.

2472. What is the reason?—Some of them are people that simply go out of business on their own. There is nothing in it that should make you think the Council has pushed them out of business; it is purely voluntary cancellation.

2473. Then there is an objection which has been raised in much smaller areas than that which you are dealing with; that is the inspection taking place by the local authority, and it has been advocated that the inspection should take place by the Ministry of Health on the ground that they are afraid that if it is exercised by the local authority there is apt to be a good deal more chatter or gossip about it. What would you say with regard to homes such as those about which you are giving evidence in a smaller place: would you say that they should still be inspected by the local authority, or would you say the County Council is better?—I do not think there should be any difficulty of that kind arising, if the authority which is charged with the duty is a big enough authority. Personally I think the County Council and County Borough Council are the sort of units that are suitable for this work.

2474. So that if there is a Borough of 30,000, 40,000 or 50,000, it would probably be better that the inspection there should be done by the County Council rather than by the Borough itself?—It probably would be. The nearest analogy I can give you is the Midwives' Act. The Midwives' Act is an Act, as you know, which is administered by the Borough Council and by the County Council.

*Sir Richard Luce.*

2475. With regard to the numbers of these homes, is it not rather a strange thing that the number is so fixed, and it has become such a limited number? Is it not a fact that there is a great tendency at the present time to increase the number of people being confined away from their homes?—Yes.

2476. Having regard to the fact that there has been no increase in the number of confinements in nursing homes in London, does not that look as if you



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were checking the development of it?—I do not think so. I think probably one of the factors, which has influenced the position considerably, is that under the Maternity and Child Welfare Act, 1913, a certain number of Metropolitan Boroughs have instituted maternity hospitals of their own, and in at least nine Boroughs they have their own maternity hospitals. They, practically speaking, charge much the same fees as the class of place that is represented by the ordinary registered lying in home.

2477. At the same time, the fact does remain that you are checking that particular form; it may be for good, and probably it is, but it is having that effect?—I do not know that it would be right to say that we are checking it; other influences may be at work. For instance, as I say, we are not responsible for the municipal maternity hospital; the Borough Council does that. If they choose to do it we cannot stop them doing it, but the fact that they have done it must to some extent influence the growth of the ordinary registered lying-in home in that area.

2478. What I mean is this—I am perhaps taking it from the point of view that it is not a bad thing that it should be so, but it is actually forcing the development of institutions rather than the development of homes which may be good or may be bad?—I do not quite see the distinction.

2479. There is a tendency, and everybody agrees to-day that more and more confinements take place away from people's own homes?—Quite.

2480. That being so, the question is whether they should go to public institutions, or whether the development should be along the line of nursing homes, which may be good or may be bad?—Yes.

2481. Still, the regulation of nursing homes has a tendency to the development of institutional treatment rather than the smaller homes treatment?—I do not think it would be easy to draw that conclusion in London, because, as I say, when you have had, as we have had in the last seven or eight years a considerable development of provision by the Borough Councils, it is a little difficult to know to what extent that has reacted on the situation; and after all, there is the other point, that 312 of these places have gone out of business during that time, come in and gone out; and when you come to ask these people why the

great majority of them have gone out of business, it is simply because the woman who has been running it was a single woman, and has got married and settled down elsewhere, and in some institutions they have said that they prefer to convert the institution into a purely ordinary nursing home such as you are thinking of in connection with your Bill. There are all sorts of reasons which have brought about the change in these 312 homes in the course of the last 10 years. It is very difficult to draw deductions from it.

2482. As to the question of inspection of a nursing home as apart from a maternity home, you have a staff of four women medical inspectors?—Yes.

2483. Would it be possible to employ actually the same people for that purpose, or would it have to be an entirely separate staff, in your opinion?—I do not think so. I think that the women who do undertake this work in connection with midwives are the same class of person that we should employ. I do not know that they would be actually the same.

2484. I am thinking now of how it would affect smaller localities where you would not have that number. At the present moment you employ four lady inspectors entirely on maternity work?—Maternity and Children's Act.

2485. In a town where the numbers are not nearly so big, would it be possible to use the same inspectors for both purposes?—I think so. I think there would be no difficulty, for this reason: women doctors have recently come into public work in connection with maternity and child welfare; nearly all the public authorities are appointing as assistant medical officers women experienced in that work. Those women are quite capable of undertaking the inspection of nursing homes.

2486. Surgical ones, and so on?—Yes, quite; there is no special difficulty about it. There is nothing about a nursing home inspection that ought to be beyond the capacity of any decently well-trained medical practitioner.

2487. You would be firmly of opinion that it would be necessary that it should be a medical practitioner who should have that responsibility?—I think so, certainly.

2488. It could not be carried out by one of your nursing inspectors?—No; I should certainly insist upon a medical



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inspector. I should not have a lay inspector.

2489. Nor a nurse inspector?—No.

Dr. Shiels.

2490. Would you object to a nurse supplemental to a doctor and a nurse?—No, provided always that the Medical Officer is the responsible officer.

2491. But you admit that a medical man or a medical woman may not be a judge of nursing on the technical side?—Whether he is a judge or not, he is a better judge than a nurse, I should say.

Dr. Vernon Davies.

2492. I take it that you are giving evidence of your experience of the working of registration of lying-in Homes, in order to give us some idea as to what we should do with nursing Homes, because you recognise that our Committee has nothing to do with lying-in Homes at all. You are simply giving us the benefit of your experience?—Quite.

2493. I see you have allowed 144 Homes to be maintained by uncertified midwives?—Yes.

2494. Why?—Because the undertaking on the part of the applicant who is then registered is that the confinement will be carried out by a medical practitioner.

2495. Do you find any undue proportion of cases where the child is born before the arrival of the doctor?—I should not like to say that.

2496. It never gave you any suspicion that there might be a loophole there for covering?—I should not like to say that. The same sort of thing happens in general practice constantly. I understand your question to be as to whether it happened more frequently in this class of institution than it might be expected to happen with good reason—that is to say, we know perfectly well that what we call B.B.A. happens time after time in ordinary practice. The point is, does it happen more frequently in registered lying-in Homes. I say the answer is no.

2497. You say no definitely?—I say no quite definitely.

2498. You are quite definite on the point that medical men running a Home should be exempt if they apply?—Yes, on the whole I think it is advisable to take that line.

2499. But you have the proviso I see, that they must be recommended by two

other medical men, and you think that is an essential thing?—Yes.

2500. That they must be vouched for by two independent medical brethren?—By two independent ones, yes.

2501. In speaking of inspection, you say your present staff could probably do it; they are constantly going through the district, and they have orders to pop in whenever they like. Have you had complaints of your inspection?—Not particularly in the case of lying-in Homes. The ordinary lay person thinks he is over-inspected in his home, at all events; but I have not heard of it particularly applicable to lying-in Homes.

2502. The point is that giving them such a free hand—pop in whenever you like—might very easily be abused?—There again it is the old story, a bad officer.

2503. Would you prefer a definite limit to inspection, that if a Home was satisfactory, not more than once in a year?—Never; I never would agree to any such limitation.

2504. Always promiscuous inspection?—I do not like the word “promiscuous.” What I say in reply to your question is this, that if any person thinks that a Home is over-inspected, then there is nothing easier than for them to complain to the Medical Officer, and there is not the least likelihood that they will not complain to the authority concerned. Then it is the business of the Officer or the Committee concerned to ascertain whether there is any basis for that statement. If so, then there is a case against that officer for being a bad officer. But when it comes to asking me whether I should agree to a definite limit or a definite time, I should say no.

2505. Now take the case of a County Council sufficiently large, or a County Borough sufficiently large to have one inspector, and a complaint is made against her to the Medical Officer of Health, and then the Inspector gets spoken to slightly. Is that going to improve the relation between the Inspector and the Lying-in-Homes?—I cannot answer that question. The only possible answer to questions of that sort is that if officers who are carrying out their duties on behalf of public authorities cannot carry out those duties in such a way as to see that the work they are responsible for is efficiently done, and they are not to be subjected all the time to complaints, then I say the work is not



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properly done, and it is the business of the local authority to look into it and to see why it is not properly done. With good officers those complaints do not arise.

2506. I wanted to try to visualise not the London County Council—I cannot visualise anything else; I am only here to speak on behalf of the London County Council.

2507. We are also trying to get the benefit of your views. It is not London alone, you know. You are very strongly of opinion that the County Council are the only authority.—Certainly.

2508. Do you think it possible that there are some inefficient County Councils in the country, behindhand and slack?—I should say that there are less inefficient County Councils than there are of any other local authorities.

2509. I did not ask you that. I asked you if you thought there were some who probably were not of a modern state of efficiency.—I certainly do not know England and Wales sufficiently well to be able to give an answer to that question.

2510. I know very few, but I heard sufficient to know there are some County Councils who in regard to medical or health work are decidedly behindhand, and cannot be kicked along.—I am glad to say I have not had the misfortune to come across them.

2511. I have not come across them; I have heard of them.—I do not believe in hearsay evidence.

Mr. Haslam.

2512. Is it compulsory under these Acts for a lying-in Home to be registered?—Yes.

2513. What is the penalty in the case of non-compliance?—That is set out in the bye-laws; there are penalties which are set out under No. 7 of that paragraph.

2514. Now with regard to the nursing Home, do you think that it should be compulsory also?—I think so. I think that the conditions, so far as I am able to judge of them, in nursing Homes are fairly comparable to lying-in Homes. From what we have found by experience in lying-in Homes to be good administration, I think it would be worth while considering applying that to nursing Homes.

2515. But you realise, of course, that in regard to a lying-in Home it deals

with a certain natural physiological condition, and every patient is in the same condition; but of course, in regard to nursing Homes there is an enormous variety, starting at—as I saw in an advertisement in “The Times” to-day, a medical practitioner offers to take one patient into a good home at three guineas a week, and going from a condition like that right up, of course, to the first-class home prepared to give every medical, surgical and obstetric convenience of every variety and kind?—Of course, there are a number of lying-in Homes which are registered that only take in one patient.

2516. And you think that a person who offered to take in one old person—you would have every single person who offered to take in any single patient—For reward—that is an important point.

2517. Yes—you would have them compulsorily registered and inspected?—Yes. I think an even stronger argument than the case you have quoted, where there is a variety of medical work provided—you started, if I may remind you, by drawing a distinction between a lying-in Home, because it dealt with a particular physiological function for a particular time—and from that I gather you argue that therefore if you are dealing with an institution which had medical, surgical and other conveniences, there was not the same necessity to register.

2518. No, it was not quite that. It was the type of house which is illustrated by that medical man who is willing to take in an aged patient. There are Homes—we have had evidence of them—who take in a single case of a chronic patient, or something like that, and there are Homes which do not differ very greatly from boarding houses.—Judging from one’s experience of administration, I should not allow a matter of that sort to worry me, for this reason, that one must assume that your public authority is going to carry out its duty with some regard to the facts of the case. Now if you have got a case such as you have quoted, of a man who is a qualified medical practitioner who takes in one patient for reward, it is perfectly reasonable to my mind that he should register; but the extent to which he should be inspected would obviously be determined by the local authority or its officers upon the facts of the case. You know the man, where he lives, and his whole circumstances; you are not going to worry that



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individual every week, every month, or every year, probably. I should assume in a case like that that when he took in a patient he would inform us that he had done so. There would be one visit. Under ordinary circumstances I should have thought that a visit in a case of that sort once a year would be quite sufficient. That is not always done in practice. We are, generally speaking, far too busy as a staff to go worrying about with regard to cases that do not matter, or are of very little importance; our time is concentrated upon the places that we know are below the standard.

2519. Then the regulations that you draw up would be elastic?—They must be so; or, to put it in another way, if, as I said in reply to other questions, you have good administration, and you must assume, I think, in these days that you are going to get good administration in public authorities, they must be trusted to use their powers with discretion; you may be perfectly certain if they do not they will hear about it and the public will hear about it.

2520. Then in regard to the question of uncertified midwives being principals, they undertake that the birth should be supervised by medical men.—Yes. Where what we call the keeper of the Home—that is the technical term—is not a certified midwife, or has not got, for example, a certified midwife on her staff, she may have an assistant of course who is a certified midwife—she must give an undertaking that every one of those cases which come to her Home has got to be attended by a medical practitioner.

2521. The question has often been raised before us as to whether any non-registered nurse should be allowed to keep a nursing Home at all.—We have not found in practice that there has been any lower standard in Homes run by non-certified midwives than in Homes run by certified midwives.

2522. And of course, with good administration, that point would be a very simple one?—Certainly.

2523. Then I should like to ask you a question in regard to the medical records. There again, the difference between the lying-in Home and the nursing Home I think, would be come an important factor, because of course the disease from which a patient is suffering is a confidential matter between the patient and his medical attendant?—I quite agree.

2524. And the question is raised, should it be open to non-medical inspection?—Yes

2525. Of course, we have had very strong views put before us that inspection of nursing Homes should be carried out by trained nurses, and of course that question then would come in.—Yes.

2526. The question of the confidential relationship between the patient and the medical man.—Yes.

2527. Are you satisfied that in the case of an authority like the London County Council that confidence would be quite unviolated.—Perfectly satisfied.

2528. And the record would only be shown to a medical man under, of course, the usual seal of confidence?—Certainly. I have no doubt about it at all. I can quite imagine that if we were to carry out our work in London, supposing these powers were given us, by means of trained nurses for the purposes of inspection, we should have a terrific amount of friction; I am perfectly certain of that.

*Chairman.*

2529. Just one more question Dr. Menzies, on the official part of your evidence. Have you ever had in the Council any cause to close any lying-in Home that has been registered?—Oh yes.

2530. Have we got that here somewhere?—Would you like to have details about it?

2531. Yes; I think it is just as well to know?—Why we closed them, you mean?

2532. Yes. Could you take last year, for instance.—There are very few of them.

2533. Anyhow, I think we should know that?—There have been nine cancellations since the Act came into operation.

2534. Only nine?—Only nine. Shall I give some examples?

2535. Yes; I think that would be quite useful?—No. 1: The registration was cancelled because of trafficking in infants born in the Home. Of course that was a well-known practice before registration was the regular practice. Similarly No. 2: No. 3 exactly the same thing again, and No. 4. The first four cases were all infringements of the Childrens Act, and included trafficking in infants born at the Home. Then the next case was the case of a woman who was a woman of bad character, and whose equipment was unsuitable. The "bad character" was discovered after registration, and practically it amounted to immorality.



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2536. That was in the old days?—Yes. This cancellation took place in 1920. Then in 1922 we had a registration that was cancelled owing to structural defects. Again in 1922 we had a cancellation owing to the serious neglect of two nursed infants who were in this Home, and failure to notify the reception of these two same infants. This sounds rather curious to you Sir, but the explanation is that this woman was acting as a foster mother under the Children's Act, and she was also the keeper of a lying-in Home, and because of her offences under the Children's Act she was considered an unsuitable person for keeping a lying-in Home; she was convicted, in fact, under the Children's Act. Then there were two other cases, one in 1923 and one in 1924; those were simply cases of people who moved away to other districts; those were purely formal. That is all, Sir.

2537. Then there are really only seven?—Only seven.

2538. You would hardly count the two that were technically closed?—Quite. There were only seven. The main points were, curiously enough, connected with the Children's Act, five out of the seven.

*Chairman:* We are very much obliged to you for your official evidence, Dr. Menzies.

*Chairman.*

2539. We are very much obliged to you for your official evidence. Now if you would like to say anything unofficially as to your personal experience of nursing homes or anything else you wish to tell us about, we should be very glad to hear it?—May I hand round to the Committee a short statement which I have prepared? (*Handing in the same.*) May I read it, Sir?

2540. Yes, I think that would be best?—It is not very long. I say: "Generally speaking, nursing homes in London are ordinary dwelling-houses which have been more or less adapted for their purpose. They may be differentiated into various categories, but, for all practical purposes, their division into three groups is sufficient. (a) Those which are attached to hospitals or have been specially designed, built and equipped as private hospitals or nursing homes. (b) Those which, although not specially designed and built as private hospitals or nursing homes, have been adapted from ordinary dwelling-houses and equipped for their

particular purpose. (c) Those which remain unaltered ordinary dwelling-houses, and are, therefore, neither designed, built nor equipped as private hospitals or nursing homes. In my experience it is, broadly speaking, true to say that the first and second groups are used almost entirely, if not indeed entirely, for the care of acute cases or patients only requiring short periods of residence. Moreover, they are generally expensive, and, therefore, are only resorted to by persons of the middle and upper classes. They are patronised by the leading members of the medical profession, and, in the case of Group II, are owned and maintained very commonly by hospital sisters who have been encouraged to venture into the private nursing home business by the promise of professional support from the physicians and surgeons of the hospital to which they were attached. On the other hand, these homes often have many deficiencies, especially having regard to the high weekly fees demanded for the accommodation provided. Thus they are usually devoid of an operating theatre, even of the most modest character; operations are usually carried on in the patient's bedroom, which may not be a very suitable place owing to difficulties with regard to lighting, heating, ventilation, etc. Moreover, although the staircases may be narrow, crooked and awkward in other ways, the structure of the house often makes it impossible to provide a lift either for passengers or meals. Needless to say, such refinements as a laboratory, X-ray room, equipment for special purposes, such as electro-therapy treatment, etc., are almost unknown, and, although the nursing staff is usually good, the domestic is not infrequently an even greater difficulty than in private houses. In order to meet the convenience of the consultant members of the medical profession there is a natural tendency for these homes to be concentrated in certain quarters of London. The Beaumont Street area is a typical example, but, however convenient this may be for them, it is not by any means entirely to the advantage of the patient, for whom the maximum of fresh air, sunlight and quietness are eminently desirable. And yet, on the other hand, despite these defects, it cannot be said that these homes are insanitary, nor that the patients are inefficiently cared for from the medical, surgical or nursing point of view." This is the paragraph I lay stress



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on here: The truth is simply that the patient pays a very big price for a comparatively poor service—one which contrasts very unfavourably either with the advantages offered to the poorest class of the community by our voluntary hospitals and poor law infirmaries or to the richest class by means of the highly expensive clinics, for example, those which are well known at Ruthin and Windsor. It is worthy of note that in quite recent years an effort has been made to overcome these disadvantages (for those who can afford the expense involved) by the establishment of several well-known private nursing homes in the country, which are specially adapted, staffed and equipped as private hospitals. It is true that, as a rule, at present the patients who normally come into Groups I and II have no choice in the matter, and that they are sent by eminent members of the medical profession. It is doubtful to what extent any by-laws, which could reasonably be enforced by a local health authority, would materially reduce the cost or improve the conditions of the ordinary private nursing home. However, if the Committee decide to recommend Parliament to register private hospitals and nursing homes of the kind indicated in Groups I and II, I do not think there would be any serious opposition thereto. On the contrary, the probability is that registration would be welcomed, if we may judge from the experience gained in the case of lying-in homes. Group III.—The most difficult group, from the medical point of view, is the class of home which caters for those unfortunate members of the community suffering from chronic diseases, such as various forms of paralysis, nervous disorders not certifiable, chronic heart disease, chronic bronchitis and so on, and who are generally regarded as above the Poor Law standard. Probably the great bulk of the patients dealt with in this category are only able to afford from 25s. to say 50s. per week for their care, board and lodging. Needless to say they are not looked after by trained nursing staff and are not regularly visited by doctors. The accommodation is that of a poor class dwelling house with just the ordinary appointments of houses of this class. Certainly they compare very unfavourably with the few well known voluntary institutions which provide accommodation for this class of patient or indeed with the conditions which prevail in any well managed Poor

Law infirmaries. It does not appear to me to be possible to do much to improve the conditions even in this class of home without increasing the cost to the patient or whoever is financially responsible. The crux of the situation is, however, not entirely financial, and one cannot but feel that registration would probably tend in the course of time to raise the standard of these homes, especially as in so many instances there is only one, or possibly two, patients cared for by what I may call the keeper of the home. Summary:—So far as I am able to form an opinion, and I may add that I have seen something of this problem all over England and Wales, as well as London, it is my belief that the most hopeful solution of the problems involved in providing suitable accommodation for those persons who now are compelled to resort to the ordinary nursing home lies in (1) a considerable extension of the system which has grown up in recent years, of providing pay wards and pay beds in voluntary hospitals and Poor Law infirmaries, and by the provision of hospital annexes for private paying patients to voluntary hospitals. (2) the provision of specially built and designed private hospitals or nursing homes. There are a few examples of such an enterprise known to me. Some of these have been provided by business men on ordinary commercial principles, and others by philanthropists. There are good grounds for the belief that the Management Committees of voluntary hospitals in this country are waking up to the need for making some provision of the kind which I have indicated, and that, in a few years from now, there will be a considerable increase in the number of beds available in voluntary hospitals for this purpose. The fees charged now vary from three to five or six guineas per week, and the patients make their own arrangements with the physician or surgeon in attendance with regard to his fee, although, in some cases, even these arrangements are subject to the approval of the hospital board of management. (3) Neither of these arrangements, however, will meet entirely the difficulties of the class of person dealt with in Group III. I see no satisfactory solution of the financial difficulties which must necessarily arise in dealing with persons of this class except by the provision of suitable accommodation in institutions owned and maintained by public authorities.



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There is no reason why the patients should not contribute so much of the cost of maintenance as his or her financial condition permits. This is a problem which is wrapped up, to a very large extent, with the future of Poor Law infirmaries, and will assume, from the patient's point of view, as well as that of his friends, a very different aspect when such institutions become municipal hospitals. In the meantime, registration on the lines found to be satisfactory in the case of lying-in homes should be proceeded with, and, in the administrative County of London, should be carried out by the London County Council."

2541. Now I would like you to tell me, doctor, how it happens that in the good class of nursing homes, where a high fee per week is paid, and which are run, as you say, by hospital sisters who have been encouraged to venture, and so on, where the doctors are therefore constantly coming in and going out, and probably working hand in hand with these hospital sisters who keep the establishment—why it happens that they, the doctors, allow the bad sanitary conditions, and so on, which do undoubtedly exist in some of these homes? Why do they patronise them? Why do they give their—I do not not know if you call it exactly patronage to these particular homes; at any rate, they push them for their patients, and they know all the time that they are not suitable buildings, and are not suitably equipped, and very often the nurses are not properly trained nurses?—Well, Mr. Chairman, I am just as much puzzled about that as you are. I do not understand it myself. I can only imagine one reason, and that is, that it is so convenient for them to have these nursing homes quite near where they live, and have their own consulting rooms, that they are prepared to overlook certain short-comings because of that convenience. Of course, as I have already said, nobody can say that the places are insanitary; nobody can say that the patients are not being well looked after from a nursing point of view, but they pay a big price for a comparatively poor thing.

Dr. Vernon Davies.

2542. Would not one reason be that there is nothing between the hospital accommodation and this type of nursing home?—I think it is quite true to say that, Sir. I believe, if business men

only knew what a wonderful field there was for them in the private nursing home, they would have gone into it long ago, but they do not understand it.

2543. My point was that there does not exist at present anything between the highly expensive nursing home and the hospital?—No, there certainly is not anything—or, at least, very little, but it is insufficient; that is the point. For instance, if you go across the river to St. Thomas's Home, it is a first-class place, but then it is always full, and that is the trouble. The kind of accommodation that would meet the case is not forthcoming; and it is not forthcoming, in my opinion, because the commercial man has not seen the great field which is afforded him there, especially if he roped the medical profession into it and made them all shareholders.

Captain Ernest Evans.

2544. In this new class of nursing homes, such as they have got at Ruthin and Windsor, there they have a resident staff, I suppose, of medical men; do they have resident doctors there?—Yes, a very high class staff.

2545. It is not necessary for them to have specialists down—they are specialists themselves in the various cases they deal with?—Of course, as a matter of fact they have both constantly. The question of £ s. d. does not arise there.

2546. They can command any fees they like?—Yes. If a person goes to these institutions, and it is necessary to call in the King's physician or anybody else, they do not hesitate to do it. It is not a question of money.

2547. They can ask any fees they like, but nothing on those lines is going to meet the difficulty?—Certainly not. The kind of thing which is going to help the class of the community which really does want help, apart from the poorest; that is to say, the middle class, is: if the voluntary hospitals extend, as they are doing on a large scale throughout the country, pay hospitals and pay beds. In that connection it is very striking in London. For example, I had a report put before me the other day, as a member of the London Hospital Committee, showing the growth that has taken place in London during the last 12 months. It is hardly worth while going through all the details of it, but you may take it from me that, practically speaking, now every large general hospital in London is



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[Continued.]

realising that it must provide these beds, and that tendency is a growing one.

2548. Do the beds that are provided at voluntary hospitals pay for themselves?—Yes. I think you may take it that a Committee of Management could not provide those beds in any way at all as a charge upon their voluntary funds. The average cost is somewhere between  $3\frac{1}{2}$  and five guineas, according to the hospital, and anybody who had the opportunity of going into a first-class place of this sort would not hesitate to pay the four or five guineas involved in preference to a home, say, in Beaumont Street at 10 to 15 guineas.

*Chairman.*

2549. But would it not be some time before the class of persons to whom you are alluding get over the dislike of going into an institution?—I do not think so. I believe that as this accommodation grows, it will not only be taken full advantage of, but that the appetite for it will grow enormously.

*Captain Ernest Evans.*

2550. Is it not a fact now that people are anxious to go into them?—Certainly; they are beginning to awaken to the fact.

*Sir Richard Luce.*

2551. What do you think would be the influence of that development of the registration of nursing homes? It would eliminate the lower class of house, of course, and therefore stimulate the tendency to the provision of others?—Yes. I do not think registration is going to affect the situation to the extent of shutting up accommodation at all; that is not going to affect it. Registration is not going to shut up any existing nursing home—the fact of registration. What is going to affect the nursing homes of the future, whether they cost 20 guineas a week or two guineas a week, is the growth of this movement that I have been referring to. Economic conditions will affect them, not registration.

2552. But indirectly it must affect it, because it is going to prevent the development of a poor class of nursing home to which these people could go, and it will be necessary for the State or the municipalities to provide for these people, who have a very definite need?—The sooner the class of place that will be

affected by the mere fact of registration is cancelled, the better.

2553. That is my point?—I quite agree with that, but you cannot do that until there is alternative accommodation available. It is no good saying that you are going to register a place and then cancel it; but what you can do is to register and then do your best to raise the standard of those places until the alternative accommodation is available. When that alternative accommodation is available you need not worry about registration. The public will take advantage of the alternative when it is there.

2554. It will certainly increase the demand for accommodation in proper hospitals?—I do not quite understand what your argument is.

2555. My point is that registration will actually help by making an increased demand for hospitals in the movement towards that?—That may be so; that is a matter of opinion; it is quite possible it may. But all I want to emphasise is that registration in itself is not going to prevent the development of these places that we all want to see developed, and it is not going to cancel the existence of the places that are there now until that alternative is available. What it will do is to use the intervening period to try to improve the standard of the places that must continue to exist.

*Dr. Vernon Davies.*

2556. And prevent an unsatisfactory class of home being started?—Yes; that will be a good thing, of course.

*Mr. Haslam.*

2557. Might I ask with regard to the general principles of registration and inspection, do you think it should be compulsory?—Yes.

2558. And you also think that the inspection should be carried out by qualified medical practitioners?—Yes.

2559. You also think, as I understand, that no hampering rules and regulations of a hard-and-fast character should be drawn up?—No.

2560. But that the inspecting power should be entrusted with the duties of making its own terms of inspection?—Yes; and you must trust them reasonably to interpret the byelaws which they make themselves.



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[Continued.]

*Dr. Shiels.*

2561. Would not that tend to a great variation in standards throughout the country, if you left every local authority without guidance as to what was considered a satisfactory nursing home? Would not that lead to a great deal of trouble according to the various views that might be taken—if you take an advanced and up-to-date London County Council, and compare it with some of the places we have been hearing about?—If there is anything in that argument it applies to the whole of the Public Health Act for England and Wales. The Public Health Act lays down definite duties for every local authority in the country, and it is for them to interpret those duties. So it is with byelaws; so it is with definitions.

2562. I thought you said in answer to Mr. Haslam that the actual duties themselves you thought should be a matter of discretion pretty much to the local authority?—How do you mean?

2563. If you just have a sort of general duty to inspect nursing homes and see that they were satisfactory, without definite lines being laid down as to what was considered satisfactory—I thought that was your point; not a matter of interpreting certain regulations or byelaws which were laid down?—But if you register a nursing home in the same way as we now register a lying-in home, every authority will be given power, presumably, to make its own byelaws.

*Dr. Vernon Davies.*

2564. That does not follow at all?—I say that is what happens in connection with lying-in homes, anyhow. Then, having made those byelaws, the only question is to what extent they propose to carry them out or to see that they are carried out. The byelaws are the same everywhere.

*Dr. Shiels.*

2565. You suggest that these byelaws would be approved by the Ministry of Health, I suppose?—I do not mind them being approved by the Ministry of Health at all. As a matter of fact, that is what usually happens with all byelaws.

2566. I know; but I wondered whether you wanted to make an exception in this case?—No. I think, generally speaking, throughout the country, byelaws for all public health purposes are approved by

the Ministry of Health, and I do not see why they should not be in this case. It would tend to uniformity, if that is what your point is.

2567. Yes, quite. Then with regard to the third-rate nursing home where these unfortunate chronic poor cases are, you know, of course, that qualified nurses are very scarce in those places?—Yes.

2568. And that the patients are nursed by all sorts of people?—Yes.

2569. And yet I think you will admit that where the visit of the doctor, as you say yourself, is infrequent, good nursing is extremely important?—Certainly.

2570. Especially in many chronic cases, where bed sores and things of that sort might arise?—I quite agree.

2571. Do not you think that a qualified nurse would be very desirable as part of the inspecting equipment?—I say the same thing with regard to that as I said in answer to the other question you put to me.

2572. I thought you might say something different this time?—No; I am very consistent. I have no objection to employing nurses under the medical officer's direction. We have to do it now with regard to all our other work.

2573. Would you be surprised to know that we have had many instances given to us where there was very unsatisfactory nursing indeed, where medical men were coming and going and not paying any particular attention to it, apparently?—There are black sheep in the medical profession, as you know.

2574. Not many, but there are some?—I do not know that they are frequent, but still, they are there.

*Dr. Shiels.*] It is not so much that they are black sheep, but they are unobservant sheep.

*Mr. Haslem.*] They were not in the position of Inspectors; they were in the position of medical men having the patients in the home. Perhaps that was the best they could do.

*Dr. Shiels.*

2575. Yes; still, I think they might have done a little more in some cases. At any rate, my point is that in these third-grade homes your nursing is so important that certainly it would be desirable to have a qualified nurse who could spot the defects in nursing?—I quite agree that it is desirable to have a nursing staff to assist in the work of inspec-



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[Continued.]

tion, but always under the direct supervision of the medical officer of the Local Authority concerned.

Dr. Shiels.] You have come on a good deal.

Dr. Vernon Davies.

2576. Have you any idea about having evidence of the qualification of a nurse?—For what purpose?

2577. I think it very often happens that a nurse goes to a nursing home and says she is a nurse, but produces no evidence that she is a State-registered nurse or trained nurse. Do you think it

is advisable that that should be compulsory?—I think if a person who employs a nurse has not the sense to find out whether she is properly qualified or not, no Act of Parliament would ever make her do it. I understand that you want to make some regulation on that subject?

2578. That it should be compulsory in a nursing home that a State-registered nurse should produce her certificate?—No.

2579. You would take her word?—Take her word! It is easy enough to find out whether she is telling the truth or not.

Chairman.] Thank you very much, Dr. Menzies, for both kinds of evidence.

(The Witness withdrew.)

Adjourned to Tuesday, 8th June, at 2 o'clock.

Tuesday, 8th June, 1926.

PRESENT.

Sir Cyril Cobb,  
Dr. Vernon Davies,  
General Sir Richard Luce,

Major Price,  
Dr. Shiels.

SIR CYRIL COBB IN THE CHAIR.

Mrs. ETHEL PHILLIPS, S.R.N., called and examined.

Chairman.

2580. I think you have been a Proprietress of Nursing Homes for many years; 15 years, I think?—15 years.

2581. Your impression generally, I understand, is that you are in favour of registration?—Yes, I think it is very advisable that registration should come into force.

2582. Do you think that principally because you think that would necessarily involve regulations in order to always employ trained nurses, or for other reasons?—I think it would be better for the community at large if registration of nursing homes came into force, simply because it would ensure that trained people were in charge of the nursing home, and that they would employ trained help.

2583. Have you always had the same nursing home during the 15 years?—I have two now. I had one, a small surgical home, to start with, with 18 beds, and now I have a maternity home as well. The Ministry of Health asked me if I would open a maternity home, which I have, in Doncaster.

2584. Do you think it is a good thing to separate the maternity home from the medical and surgical home?—It must be separate really to be successful; it is much better.

2585. Do you think that we should make a regulation that a nursing home, if it is a maternity home, should be that and nothing else, and a medical and surgical home should never take maternal cases?—I do not say never, but I think it would be advisable, if it could be arranged, that they should be separate.



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[Continued.]

2586. Will you tell us something about the accommodation in your home and the management of it and so on?—I should like to say that I have written a few things down that I thought would be useful for your Committee; perhaps I might just read them out.

2587. Certainly?—I should like to say that I think it is advisable that trained nurses should be employed in nursing homes, but in a large home it is quite impossible not to employ assistant nurses. By assistant nurses, I mean those who have been trained in small hospitals, who are barred really from entering large hospitals because of their training; they have not been in a Training School; but they are quite good nurses and very often have had very great experience in a small Cottage Hospital, and they can work quite well under sisters.

2588. But they would not be State Registered Nurses; they are not qualified for that?—They would not be State Registered Nurses if they had only been in a Cottage Hospital with 20 or 30 beds. My own place at St. George's Nursing Home, which is in Doncaster, is run under my personal supervision; they have three trained sisters besides myself, and four assistant nurses.

2589. And 18 beds; is that right?—18 beds. One of the sisters they have is a night sister and two for day duty. A junior nurse is always on, or an assistant nurse is always on with a sister, so that the junior nurses or assistant nurses—call them which you like—are never left in charge. The sisters are responsible for all the dressing and first treatment. I do not allow the juniors to do the dressings.

2590. What do the juniors do?—They help with the beds and that sort of thing. There are several things that juniors can do. They help with the trays; it is very essential that the patients should have nice trays; and they help the sisters with the dressings, but of course they are not responsible for the dressings themselves.

2591. They are more like superior housemaids?—That is exactly what you are in a large training school. I was trained at St. George's Hospital, Hyde Park; I was there for five years; the last year I was a sister.

2592. In a case of that kind, as far as your staff is concerned, you have no other staff, have you, besides these nurses and assistant nurses? Have you any what may be called domestic staff?—Yes.

2593. You have domestic staff downstairs, I suppose?—Yes, upstairs and downstairs, too.

2594. I was wondering whether the assistant nurses do all the housework there?—No, they do not do housemaids' work; I should never keep them if they did. I was a sister at St. George's before I went to Doncaster, and before I went to Doncaster, after leaving St. George's at Hyde Park Corner, I went to York Road and got my C.M.B. Then I started a Nursing Home in Doncaster 15 years ago. We have 18 beds. I generally take the surgical cases, and have a sister and an assistant nurse in the theatre. We have a fair amount of surgical work on the surgical side which is kept separate from the maternity work. I know what I would like myself; I would like an ideal nursing home, but it is not always possible. You make the best you can of the material that is to hand, and improve as you go on. I do not think you could say my home is understaffed, with 18 beds: four sisters and four assistant nurses, besides the domestic staff. The patients we have had have always been most grateful, and they seem to value what has been done for them. My theatre was arranged and planned by a surgeon, and I have done my best, at considerable expense, to keep it up-to-date. It is always a question of expense, really. Doctors want this and they want that, and, as you know yourself, each one likes his own little way of having things done, and they like different things to use, and I endeavour to please the surgeons who come to the Home.

2595. They do not interfere much, do they?—They do not interfere at all really as long as their patients are well attended to.

2596. What does the doctor do if in his opinion a nursing home is not being kept sufficiently clean? Would he protest?—I believe he would tell me about it at once.

2597. Or would he withdraw his patients and not send any more patients?—I do not think he would do that. I think if there were any complaints he would speak to me himself.

2598. You think he would mention things?—I am sure he would. The doctors in Doncaster do not sit down while things are not going right. They like things done up to date.

2599. Perhaps there is not much choice of nursing homes in Doncaster?—There are three other nursing homes.



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[Continued.]

There has been an unfair amount of criticisms about nursing homes in Doncaster which I rather resented when I read it in the paper. Some adverse evidence was given by an ophthalmic surgeon; I thought it rather strange that an ophthalmic surgeon's evidence should have been so valued in preference to the surgeons' who used the home continually. Different doctors in Doncaster use my nursing home, which has been going for 15 years, and I should not have kept it going for 15 years if it had not been all right. They all use it, and we have had men over from Sheffield and people like Major Braithwaite from Leeds, and we have not had any complaints before.

2600. Do you think that the opinion of medical people is that they should be registered or do they object to it?—I do not think they would object at all. I was asked if I objected, and I said not in the slightest degree, I would rather welcome it, because it would mean my Nursing Home was all right and quite up to date as far as I could make it.

2601. It has been put to us sometimes that medical men would object to Nursing Homes being registered?—I do not think they would if it was not their Nursing Home.

2602. Supposing they had kept one themselves?—I think if a medical man kept a Nursing Home it would be up to that medical man to see that it was run properly.

2603. But should he be exempted from registration because he happens to be a medical man?—It depends whom you are going to put for inspection. I do not think he would if it was another Doctor.

2604. Who do you think ought to do the inspection?—A Doctor.

2605. Some people say we should have a very skilled and experienced nurse to do the inspection of a Nursing Home. What is your view on that point?—My own opinion is that I do not like women inspectors at all; I like Doctors to inspect a Home. I think Doctors are very generous; they see things if there is anything to be seen, and they tell you exactly what they think, and then it is up to you to get things in going order and keep it right.

2606. Do you think a lady Doctor would be better than a male Doctor for that purpose?—No. I should like a gentleman Doctor, although I think lady Doctors are quite fair really; they are quite good.

2607. Do you think that Doctors really understand all the essentials of keeping a kitchen and a larder and all those things clean?—As a rule Doctors are married and I think they have a good idea.

2608. You do not think that a Matron need necessarily be a trained nurse?—Oh, yes, I do.

2609. Take the other point. Supposing there is no Matron who is a trained Nurse, suppose she is very good at all the other sides of the question, but does not know much about the question of nursing and she has a skilled Head Nurse there, who is a trained Nurse. Is that all right, or not?—No.

2610. Should we refuse registration in that case?—I do not think it is all right at all.

2611. Should we refuse registration; should we go as far as that, do you think?—That is being rather drastic, but I think it would be better for the public really; otherwise you are letting in anybody. Anybody can start a Nursing Home now, and get a trained Nurse and say: "It is quite all right; we have got a trained Nurse here."

2612. You think we ought to make it a condition that the runner of the Home should be a trained Nurse?—I do. I think that ought to be very definitely put; else what is the good of the training? You get trained Nurses on your staff and you are not as good as they are; that would not do at all; it would not do for me and I should not have it for a minute.

2613. I agree with you; I only want to know whether that is the general opinion?—I would not have a Nurse who was better trained than myself. I should not get one as a matter of fact; I got to the highest that I could before I started.

Dr. Vernon Davies.

2614. Just referring to your last point that only trained nurses should run a Home: You recognise that that would cause a certain amount of difficulty in certain cases, particularly in the cases of Homes which are now being run by untrained women, but women who have a trained staff under them?—Yes, I quite see there would be a difficulty there.

2615. Do you think it would be advisable, if anybody choose to start a Nursing Home, if we insisted that the management of the nursing part of the Home should be absolutely in the hands



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[Continued.]

of a trained nurse, and that the matron as such should have no jurisdiction over the nursing, but that she might be allowed to run it as a business proposition, that is, the housekeeping part and the management. Do you think that would be possible?—No, I do not. It could be tried, but I do not think it would answer at all.

2616. I know of a very large Nursing Home where the proprietress runs it from a business point of view and has nothing whatever to do with the nursing except to get patients and arrange fees and all that, but all the nursing is in the hands of the head sister. It is a very large Home in a very large town and is doing exceedingly good work, and I have never heard that any medical man who sends his cases there has objected. Do you think it possible that it could be done?—I think it could be done, but I do not think it is any good having registration of Nursing Homes if you do it like that.

2617. Why?—Because if you do that you might as well leave it as it is now. Take the case of a trained Nurse. She goes through her training, she gets on in years, being a sister in a hospital, and they do not want you when you are older. She saves a little money, and she starts a Nursing Home, and she has to compete with people like that.

2618. On the other hand, take the Nurse who is getting on and who wishes to start a Nursing Home, and she has not the money, and then a friend of hers who is not a Nurse says: "Well, I have £3,000 or £4,000. I am willing to start a Nursing Home if you will come and manage it for me." Would you forbid that?—She would be joint partner, would she not?

2619. Either joint partner or simply the head of the Nursing Home as a Nursing Home, to do the nursing part.—I still stick to what I would like to call the registered owners as head of the Home.

2620. That is, you would allow no one to keep a Nursing Home unless she was a trained Nurse?—No, I would not.

2621. Would you make that a hard and fast rule?—I think it would be rather hard for those who have already got Nursing Homes; I think there ought to be a time limit.

2622. You would not turn out those who have got them now?—No.

2623. But for the future it would be a *sine qua non* that the proprietor of a

Nursing Home must be a trained Nurse?—Yes.

2624. What about these Homes that are run as private limited companies or half a dozen people combine to start a Nursing Home?—Do you mean half a dozen Doctors?

2625. They may not be doctors; they may be ordinary individuals?—But there are not many ordinary individuals who start Nursing Homes like that.

2626. I know of one case where a green-grocer started a Nursing Home. But it is quite possible that this idea may spread and that business people may see later on that there is money to be made in it, and half a dozen gentlemen might say: "We will combine to form a small company to run a Nursing Home."—I do not think it should be allowed.

2627. You would forbid that?—I should forbid it absolutely.

2628. Now about inspection. You are, very properly, if I may say so, in favour of men as doctors?—Yes, I would rather have men.

2629. I would like to emphasise what the Chairman has said. Do you think that an ordinary doctor or a special Surgeon, if you like, is competent to deal with the domestic part of the Nursing Home: the number of sheets, the amount of bed linen, the cooking arrangements, the sanitary arrangements and all the part distinct from the purely nursing element?—To see that it is all in order: I do. The doctor has to go to his patients, he has to order the diet, he knows what they have.

2630. I am not talking about the diet sheet; I am talking about the kitchen arrangements: whether the things are satisfactory, whether the cooking is properly done, whether there is proper domestic staff, whether the sanitary arrangements are quite up to date, and of course there are a lot of details connected with nursing, of which a doctor, however clever, perhaps has not such an intimate knowledge as a trained nurse. What I want to get at is, do you think it would be an improvement to have the inspection done by a doctor and a trained nurse?—No, I do not.

2631. You object to trained nurses?—I object to trained nurses, although I am one myself.

2632. Why?—I think you should not appoint a trained nurse to go round with a doctor. She would not be any better



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[Continued.]

qualified than the one who was running the nursing home.

2633. Possibly not, but she would probably be equally as well qualified and she would be more likely to spot the weak spots than a doctor?—Yes, but I would prefer to have someone on a different footing to myself if it was a question of my nursing home. A doctor, if you like, and if you say the doctor does not know much about the domestic part, what about a lady doctor?

2634. In fact they are just the same?—Much better than a trained nurse.

2635. A lady doctor would be?—A lady doctor would be better to inspect the nursing home than a trained nurse.

2636. I wanted to separate the two things. As regards the purely nursing part I recognise as a medical man that a lady doctor would be better, but I am speaking now of the part of the nursing home apart from the nursing, that is to say, the sanitary arrangements, the cooking arrangements, the domestic arrangements, the sleeping accommodation, and all that kind of detail of a nursing home. A trained nurse can spot these things much quicker than a doctor; she knows where to look for faults; do you not think she is much better than a doctor?—I do not. I much prefer a doctor. I think he would be equally as sharp as a trained nurse, if not more so, in spotting defects in the nursing and in going round the rooms he would notice any deficiencies that there might be.

2637. So that you really do not approve of the Nurses inspecting in any shape or form?—I do not.

2638. Would you approve of a Sanitary Inspector to decide as to the sanitation of the Nursing Home. Sanitary Inspectors are trained men of a particular branch of work which doctors are not trained in. Do you think it would be an advantage to have for the sanitary part of the inspection a trained sanitary official?—Yes, if he was a doctor.

2639. So in that case you are limiting it to the Medical Officer of Health?—I think so.

2640. Would you prefer a local Medical Officer of Health or a County Medical Officer of Health?—County.

2641. Why?—I think it would be better. I cannot explain why. In my own town I am quite friendly with the Medical Officer of Health; he is always very nice to me. The County Medical Officer of Health I have helped on several occasions with work that I have done.

I have had him in the Home and he has been round the Home and approved of it. The Home is approved by the Ministry of Health.

2642. I want you if possible not to look at it from the point of view of a particular home, but from the point of view of nursing homes in general. Why do you think it would be better to have the County Medical Officer in preference to the Local Medical Officer. What would be your reason for that?—There would be less likelihood of him having an interest in any particular home. I do not say he would; it is not so in Doncaster, anyhow, but there may be an instance where he had a special interest in a particular nursing home.

2643. The County Medical Officer?—No; I am talking about the Local Medical Officer. So it would be preferable, really, and would be quite fair on all sides, both to one home and the other home, to have an outside man.

2644. With regard to your staff, you have four trained nurses and four what, without offence, I may call untrained?—Partly trained; they have been in Cottage Hospitals.

2645. You approve of that?—I do.

2646. And you think that these women should be employed?—I do; you do not expect a sister to do menial things such as dusting the rooms and that sort of thing. Sisters are essential for the nursing of the patient.

2647. Apparently your assistant nurses are also, because you say they are not housemaids or domestic servants?—They are not housemaids, but they do all the cleaning in the theatre.

2648. You say they also assist with dressings?—They carry the trays for the sisters and help them, and fetch and carry what is necessary. They take the trays up to the patients' rooms and feed the patients, if necessary.

2649. The work that they are doing then is practically not very different from the work of a well-trained housemaid?—It is a probationer's work, really; what a probationer would do in a big hospital.

2650. She does no real nursing?—No, she is not responsible for anything.

2651. She does not sterilise dressings?—No; she does not do sterilising at all.

2652. She washes the patient?—She washes the patient.

2653. Do your patients know that certain nurses are untrained?—They do.



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[Continued.]

2654. Do you charge your patients the same fees, whether they are nursed by a trained nurse or an assistant nurse?—In Doncaster I am sorry to say we do not get very good fees for nursing.

2655. Are your fees the same whether the nurse is trained or untrained?—Certainly.

2656. Do you think that is right?—But the untrained nurses are not responsible for the patient. They are not doing nursing; the sisters do the nursing.

*Sir Richard Luce.*

2657. It is a composite fee, is it not?—A composite fee.

*Dr. Vernon Davies.*

2658. You charge so much a week?—Yes.

2659. And the patients who come naturally think they are being nursed by trained nurses?—Which they are.

2660. But occasionally you have assistant nurses on duty? I have assistant nurses to carry trays up and do that sort of work, but they do not do any nursing at all.

2661. I will put it in another way. Supposing you had a nursing home such as yours, where you have eight on the staff, then supposing one had two trained nurses and six untrained and you allow the untrained nurses to do a certain amount of nursing, change the dressings, if you like, where it was not a serious case, where there would not be very much danger, do you think those patients should be charged the same fees as if all the nurses were trained?—No, not if the juniors are allowed to do dressing.

2662. You think there should be a variation in fees?—Yes.

2663. Do you think the patients should be told that you have so many trained nurses and so many untrained?—I do not see why they should not be.

2664. Do you tell yours?—I do. They know which is a sister and which is not. My trained nurses are all called sisters, and the sisters do the work and they do all the dressing.

2665. And the others are all called nurses?—The others are all called nurses, and they do not do any dressings whatever and they do not do any treatment, and they do not assist the doctor in the theatre.

2666. Do you not think that some patients might possibly think that your assistant nurses, being called nurses, are trained nurses?—No, I do not think they do, for a minute.

2667. You do not tell them that they are not?—They know they are not. I do not tell them they are not; there is no need to do so.

2668. The lay public is very ignorant?—There is no need to tell them, really, because they do so little for them except the menial work, dusting the patients' rooms, and that sort of thing.

2669. Supposing, in this kind of home that I am speaking of, they decide to put on a special, say, after an operation, and they put a girl on as a special for a day, would you put an untrained nurse there?—No.

2670. But if you do put an untrained nurse, would there be a difference in the scale of fees?—No. If my patient wanted a special nurse, I have a private nursing staff and a private salaried staff.

2671. A private salaried staff in addition?—A private salaried staff in addition for outside nursing, and if any patient wanted a special nurse we tell them the fees are so and so, and if they want a special nurse they can have her, and she does that altogether.

2672. With regard to certification, do you think that trained nurses should produce their certificates?—I do.

2673. To whom?—The matron, before they are engaged.

2674. Do you insist on that always?—I do now; I did not at first.

2675. Why?—I did not at first because I trusted the people that they were quite all right, and I found them out. They said they were trained nurses, but when I came to inquire definitely about the certificates I found that they were not trained at Training Schools.

2676. So you would insist on every nurse carrying her certificate with her?—Yes, I ask to see the certificate.

2677. Do you think those certificates should be exhibited in the nursing home, in the matron's room, if you like, or anywhere, to show that the staff was a trained staff?—In my dining room at Lawn House, which is the Surgical Home we first started, I have half a dozen of my own certificates hanging on the wall.

2678. Would you put the nurses' certificates there as well?—I have never thought of it.



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2679. Do you think it advisable?—It would not be a bad idea, at all.

2680. You would approve of it?—I should; it would not be a bad idea.

2681. This idea was specifically given by a matron of a large Training and Nursing Home. She definitely suggested to me that these certificates should be put up, and that any patient or friends of a patient coming into that home can simply go and demand to see the certificate of the nurse, and find where she was trained, and her qualifications?—You would have rather a big job if you had a staff of 20 or 30.

2682. No, not if they were all hung up in a room where anybody could go and see them?—But who is going to frame them and put them up?

2683. They need not be framed; they could be kept in a book. The idea is that they could be produced upon demand by any friend of a patient?—I do not think they should be, except those in charge of the home. Their certificates ought to be available for anybody and everybody to see.

2684. Supposing I were to come to your nursing home as a patient and you said: "Very well, you can have Nurse So and So"; I would say: "Is Nurse So and So a fully trained nurse? Would you kindly allow me to see her certificate?" Would you be willing to do that?—Yes, I should not mind at all.

2685. Then suppose I was not in for a surgical operation, and suppose I said: "I have come in for a rest; I do not want a fully trained nurse; I want a nurse who is partially trained; I want very little looking after; have you a nurse like that on the staff?" would there be a reduced fee?—You would not get one in my Home.

2686. In some homes you can; in fact in the majority of homes you can?—If you have a partly trained nurse, or a cottage hospital trained nurse, you certainly should have a reduced fee.

2687. You think that would be right?—I do.

2688. It is possible there may be some nursing homes in the country running with a minimum of trained nurses and charging the maximum of fees in order to make money?—I think that is quite possible.

2689. You would not approve of that?—No, I do not approve of it. I think patients should have value for their money, just as if you are out shopping, you want full value for your money.

2690. About these nurses who are not fully trained, would you allow them to carry on indefinitely or would you put a period of time and say after such and such a date no fresh nurse must be taken on unless she is fully trained? I see you want to raise the status of nursing and put it on a higher plane altogether?—It would be much better if we could.

2691. You would give a time limit and say that after such and such a time no fresh assistant or untrained nurse can be allowed to nurse?—Are you going to ask your trained nurses—because I find it very difficult with a private staff, and it follows that it is also difficult with the home sisters—to do all sorts of things, then?

2692. What I am trying to visualise is that at some time in the future there will be no woman nursing unless she is a properly trained nurse?—That would be ideal.

2693. That is the ideal we are aiming at?—We should like that very much indeed.

2694. That is to say, after a certain date, it may be a year or five years, no nurse who is partially trained shall be allowed to nurse—giving plenty of warning. Do you think it would be advisable?—What is to become of all these poor things who have been in small hospitals?

2695. It will not affect those who are at present partially trained. You see three years is for the training?—Yes.

2696. If this did not come till within five years, it would mean that after the next two years no girl would start training as a nurse unless she was prepared to go through fully?—But what are you going to do with your small hospitals? The matrons have talked to me about it; they find it dreadfully difficult to get girls to go where they have just got 20 or 30 beds, or perhaps less than that.

2697. Do you not think that would be obviated in future by the method of examination? It would be quite possible that in the future qualification of the nurse might be included the period of time she has studied and the result of the examination, and if on examination she proves to be incompetent, the question of who has trained her is not very material?—No, it is not the rule now. They do not allow a nurse to sit for an examination unless she has been in a hospital.

2698. And that is the difficulty that I foresee in the future, because we cannot



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say that every nurse in the future must be trained in a big training school?—No, because they will not have some of them.

2699. Then you must make provision for some of these other girls at a small hospital?—Yes.

2700. It is quite clear that a medical man is not asked where he has studied; he has to attend certain lectures and pass an examination, and if he passes the examination he gets his degree. Do you think it might get out of the nursing difficulty that way?—It might do so, but if you set up a standard for a trained nurse, as you have in the London Hospitals, the nurse must be absolutely healthy in every way. A lot of these girls who go to small hospitals—I am thinking of the Cottage Hospitals round about Doncaster—would not stand the test. The girls who go there sometimes are girls who are quite good nurses, their intentions are good and all that sort of thing, but they have a defect, perhaps they are a little deaf, or there is something the matter with them, perhaps a gland, and they have been turned down as not being strong enough. Are they to be turned away?

2701. You are visualising now two complete groups of nurses. You have a group of nurses who have been trained in proper training schools, the aristocrats of your profession; then you have another large group of nurses who have been trained at small Cottage Hospitals, who may be quite competent nurses and may even be able to pass an examination, and you would keep those girls quite apart from the others and so you would have two groups of nurses. You would have your group of nurses and your group of untrained nurses going on for the next 20 or 30 years?—If it could be arranged that they could pass an examination, that would be a very good thing, and they would have just one set of nurses.

Dr. Shiels.

2702. What happens to these assistant nurses or probationers that you have now? How long do they go on and how do they end? Do they go for training ultimately or do they just stay on?—If it is at all possible, I get them into hospitals to train. As a matter of fact at the present time I have sent away an assistant nurse who is a very good girl—she came to me during the War, and

during the War I had a hospital of 70 soldiers, and this girl was one of those who volunteered to come and help me, and she worked with the sisters at that time and she did so very well that I offered to send her to go in for general training, if she liked, or failing that—she was not strong enough to do that, she could not have done it, she failed at the medical examination—failing that, if she would first go on for the C.M.B., she is doing that at the present moment.

2703. You will agree, I think, that it is not very fair to girls to keep them on at a job like that where there is no career and where they are not likely to get ever a decent salary?—Yes. I do not keep them on.

2704. You only keep them for a certain time?—I keep them for a certain time, till I see what they are like, and then if I can help them to get a certificate, I do so.

2705. What would you think of a scheme whereby, supposing the nursing homes were properly staffed with trained nurses, a certain number of such assistants that you have should be employed and perhaps half of their time would count towards general training, just as is done in some of the Auxiliary Hospitals, some of the Annexes and subordinate Hospitals? Supposing that you, being a qualified matron, had a qualified staff and had a few assistant nurses and they proceeded afterwards to general training, and supposing half their time with you counted towards that training, would not that help?—It would help a great deal, I should think.

2706. Do you think they could be quite capably trained under such circumstances?—If one had that idea in view, I should have to give them lectures.

2707. You would be quite in favour of that?—Quite; I have done it before.

2708. Then in regard to your objection to the ladies inspecting, I suppose you are aware that in hospitals and also a good deal in private practice there is a very distinct line drawn by doctors between things medical and things nursing, and doctors do not interfere much with nursing, or have much to do with it?—When I was at St. George's, the students there used to come round the wards, and they seemed to have a very good idea of the nursing of the patients.

2709. I think you will agree that you would never hear the doctor who was taking the students round criticise the nursing of the patients?—He would not



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do it before the students, but he would afterwards, if he had any complaint to make.

2710. He would be a very brave man?—He would. I was a sister in the ward, so I know. I had a surgical ward.

2711. I do not think it is very usual for doctors to have the courage to tell the sister what they think is wrong in the nursing?—I think he would if he had any real complaint.

2712. In regard to your objection, to have a woman say of the standard of the matron associated with the doctor as an Inspector, such as Dr. Davies suggested, do you not think it would be more satisfactory? Doctors are sometimes shy men, and they sometimes are reluctant to criticise things that they do not know much about?—Not all of them.

2713. No, not all of them; I admit there are others. Do you still stick to your objection to any woman being there at all?—I do.

2714. You do not like women?—I like doctors best.

2715. You have already indicated, I think, that you prefer a County Inspector?—I think it is more fair. I do not know why, but I think it would perhaps be more fair to have an independent man some way from the town.

2716. Have you ever seen any of the class of nursing home where there are very poor people, some chronic illnesses where they pay 25s. or 30s. a week?—I have not seen them; I have heard of them.

2717. Have you heard anything to their discredit?—When they take them in for 25s. or 30s. a week I think the Homes are very much in danger of being overcrowded.

2718. Do you conceive any method by which such Homes at such fees could be satisfactory? Do you think it possible for Nursing Homes, running with fees like that, to give satisfactory treatment to the patients?—No, I do not.

2719. Do you consider that these people would be better in public institutions, if that is all they pay, preferably perhaps with the ability and opportunity to pay that same amount to a public authority?—Yes, if they cannot pay more than two guineas, I think they ought to.

2720. You think two guineas is about the lowest that would give satisfactory results?—I am sure it is.

Sir Richard Luce.

2721. With regard to the question of employing partially trained nurses, you say that in Doncaster the fees are fairly low?—Yes, my fees are four guineas for the ward and five guineas and six guineas for private rooms.

2722. That is about the usual for a country district, is it not?—Yes.

2723. Supposing by regulation you were forced to have nobody but completely trained nurses, would that make any considerable difference, do you think, in the amount that you would have to charge, to make the place pay?—It would make a difference.

2724. How much do you think it would come to?—You ought to make a regulation fee of six guineas a week then.

2725. It would make the difference between four guineas and six guineas?—It would make six guineas for private rooms and five guineas for a ward.

2726. At least a guinea extra all round?—Yes, because you have your trained staff and you must pay them a decent wage.

2727. You do not think that there is any detriment to the patients from the employment of a limited number of partially trained nurses, as long as their work is properly regulated?—I do not think there is any detriment to the patient at all.

2728. Do you think that it is possible, with the proportion that you have at the present time, to ensure that an untrained nurse is never left to an emergency?—She never is.

2729. You think you can manage that as it stands?—I do, because although we have 18 beds, they are never always full.

2730. You have that with how many untrained nurses?—There are four assistant nurses and four sisters, and on an average we have, I should say, from 3 to 12 beds occupied.

2731. You rather resent certain evidence that has been put before us?—I do very much some evidence given by an ophthalmic surgeon who has only been five years in Doncaster, and I know for a fact that in one nursing home he has never entered.

2732. How many members of the Doncaster staff at the Hospital have cases in your Home?—Two consultants at the Hospital have cases in my Home, and Mr. Hogarth, who is another surgeon, has cases there.



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2733. From Nottingham, is he?—No, from Doncaster. May I just read their names?

2734. I do not think you need bother about that; at any rate, there are some. They have expressed their satisfaction with your Home always?—Yes, they have. Dr. Clarke, who is a very old friend of mine, and who has been in Doncaster about forty years, showed me the Medical Journal and asked me if I had seen it, and I said Yes, and I very much objected to it. He said: "You have not the slightest need to worry; you have been in Doncaster fifteen years, and that is quite enough for all the doctors in the town." Dr. Thakore sent some cases to us, but they are, or they were, what we call cheap cases. They seldom paid full fees. I was always being asked if I could not take a case for him. It was a very poor case and they could not pay very much, and sometimes—in one instance, anyhow—we had a patient in for a fortnight, and I was given four guineas for it. But he was a poor labouring man, and I did not mind; there was no room in the Infirmary then. Then since that time they have opened an Ophthalmic Annexe to the Infirmary at Doncaster, and Dr. Thakore, far from being not satisfied with my nursing home, tried to get one of my day sisters to go and run the Annexe for him, Miss Robinson, who was trained at Leeds, and had two years extra ophthalmic experience.

2735. With regard to the inspection of Homes, I understand you are quite ready and would welcome inspection if it was done, as you say, by such an authority as the Medical Officer of Health of the County, or by his nominee, I take it?—Yes.

2736. The nominee for special purposes might be a nurse; if he wished a particular part of the nursing work to be inquired into, you would not have any objection to a certain portion of that work, at any rate, being done at his direction by a trained nurse, if necessary, or, at any rate, you would have no objection if he sent a Sanitary Inspector to inspect the sanitation of your Home?—No, certainly not.

2737. Supposing the responsibility was thrown entirely on the Medical Officer of Health of a County or of a big Borough you would have no objection? Doncaster is not a County?—Not yet; it is hoping to be this week.

2738. As long as it was in that form you would have no objection to inspection to be made by any person that he delegated for any special purposes?—I should have no objection, but I would much prefer that it was a medical man.

2739. Supposing there was a complaint lodged, for instance, with regard to your kitchen, and he particularly wanted that it should be inspected by somebody who knew about such things, you would have no objection in that particular case?—Oh, no.

Major Price.

2740. You said you objected to anybody but a trained Nurse owning a Nursing Home. Do you really mean it in that sense or is your objection directed to the responsible manager being a trained Nurse?—I think those in charge should be trained Nurses.

2741. Does it matter who owns the sticks and stones and the mortar and the whole place?—Not if they do not try to run it.

2742. But the person in charge and the person responsible you think should be trained Nurses?—I do.

2743. But you do not go further than that?—I think there is a certain amount of risk if you have anybody owning or setting up on nothing—a greengrocer, for instance.

2744. But why? There is no Matron owns that hospital over there—St. Thomas'.—No, that is quite true, but there is a Matron at the head of it.

2745. Yes, she is in charge. If you have a person in charge responsible, whether it is a company, a Board of Directors, or an owner, does it matter?—Not at all as long as the owner does not live there and put on uniform and walk about and order what is to be done with the patients.

2746. Your real objection is to anybody but a trained Nurse holding themselves out to be a trained Nurse in charge of a Nursing Home?—That is right.

2747. As long as the person responsible and on the Register as the person responsible is a trained Nurse then you have no objection as to who is responsible for the financial part of the Home?—No, as I said, as long as they do not live in the Home and try to run it.

2748. But does it matter if they do live there?—One cannot talk about it much, but you know instances where people who are not trained Nurses start Nursing



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Homes and run them and they have patients come in, doctors send cases in, and then the patients are not satisfied, and they condemn all other Nursing Homes.

2749. But if you have a registered Nursing Home in charge of a competent Nurse as the responsible official for that Nursing Home such a thing could not happen with a competent Inspector?—It depends who owned it.

2750. It depends on the Inspector, does it not?—It depends who owns the Home.

2751. I see that is your opinion; I am afraid I cannot quite follow it. I was trying to get what your reason was?—What I am trying to say is that I think a partly-trained Nurse ought not to be allowed to run a Nursing Home, and if you let a person like that have a Nursing Home then it is very difficult for you to draw a line and say that Home is going to be run by trained help.

2752. If the law says you must have a competent trained Nurse in charge and responsible for the charge of a Nursing Home you have to do it. It does not matter whether you own it or whether I own it?—But will the law see that the one in charge will do the work?

2753. The law cannot see that you do your work. All that the law can see is that if you do not satisfy the requirements of the law your certificate will be withdrawn. The law cannot make you work?—No, but the home would not keep going if I did not.

*Chairman.*

2754. Is there anything else you would like to tell us?—No, I do not think so. I have protested against the statement of Dr. Thakore, and I think I have told you why.

2755. What are patients to do if they feel they are not being well treated—complain to you?—They get every opportunity of doing so.

2756. You are the right person to complain to?—Yes, and I take particular notice if there are any complaints that they do complain to me. I go round very often and try to take an interest in them all, and I try to get them to talk to me independently when the sisters are not there.

2757. Have you ever had any complaints in your home in your 15 years?—Yes, occasionally I get a complaint.

2758. What sort of complaint?—You may get a man who is rather tiresome sometimes, he does not like the routine

treatment of the home, he does not like to settle down to it, and then you get them sometimes in gastric cases where they are put on special diet by the doctors. They thoroughly disagree with the doctors sometimes and you have to persuade them into it.

2759. You do get complaints about the food?—Only in cases like that; only on special diet.

2760. Complaints that they do not like the diet treatment on which the doctor places them?—That is all, but in the majority of cases we had had in the home they have sent very nice letters of thanks.

2761. Have you ever had any complaints about the nursing being defective?—No, I have not.

2762. Have you ever heard any complaints against the other Doncaster Nursing Homes?—I do not think it is quite fair to ask me that.

2763. Would you rather not answer that?—I would rather not answer that.

2764. Have you ever heard any complaints about any other Nursing Homes anywhere else?—Yes.

2765. Have they been mostly in the nature of complaints about the nursing or complaints about the food or accommodation? What do you think in fact is the great complaint against existing Nursing Homes when they are not up to the mark?—It is what I was trying to explain this afternoon—the nursing.

2766. Do you think the patients recognise that?—They would know at once if you are not a fully trained nurse?

*Dr. Vernon Davies.*

2767. Do you say they will know?—Yes; do you not think they would?

*Dr. Vernon Davies.]* No, I am quite sure they would not.

*Sir Richard Luce.*

2768. Would Doctors who have got their cases in your Home report to you and make any complaints to you about anything that they thought was wrong in your home?—They would tell me at once.

2769. And they do frequently? If they thought that a nurse was not washing her hands properly or was not looking after the patients quite rightly, they would at once come to you and complain to you? That is the sort of relation in which you stand to the



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Doctors who attend your Home?—They would tell me at once if there is anything like that.

2770. Then do they supervise very much the nursing and attention that is given?—They do; it is to their own interest, because they are their own patients.

2771. As a matter of fact they do so?—They do.

2772. Do you get a great deal of help in keeping the place in order from the people who have charge of patients in your Home?—Yes, and any suggestion the Doctors make as to improving the Home or for the benefit of the theatre,

or anything like that, I always try to meet.

2773. Those are not confined simply to the surgical and medical part of it but they would bring to you at once any complaints that came to them from their patients?—Yes, they would not hesitate to do so.

2774. And they do so probably pretty often?—They do not so pretty often in our place because there is not much need to do so.

2775. In minor things, anything that did occur?—Dr. Thakore has never complained at all of the cases he has had and they have all done very well.

*Chairman.*] Thank you very much.

*(The Witness withdrew.)*

Dr. M. A. C. DOUGLAS-DRUMMOND, called and examined.

*Chairman.*

2776. You are Assistant Medical Officer of Health of Manchester?—Yes.

2777. Generally you are of opinion, are you not, that Nursing Homes should be registered?—I am.

2778. First of all for the protection of the sick public, and secondly because it is a protection of the properly conducted Nursing Homes?—Yes.

2779. Do you think the same rules ought to apply to Maternity Homes as apply to Surgical and Medical Nursing Homes so far as registration is concerned?—Yes, as far as registration is concerned.

2780. You have an exemption in Manchester for Maternity Homes, that if it is run by a Doctor you need not be registered?—The Doctor makes application and is put on the register, but it is not inspected.

2781. Would you have the same exemption for Surgical and Medical Nursing Homes?—With the proviso that the Doctor should notify the local authority of the qualifications of his staff. I do not think that we need necessarily go into the Doctors' Homes and inspect them, but I do think that the Doctor ought to notify the local authority of the names of his staff and the qualifications they hold before he registers the home.

2782. It is not exemption from registration; it is exemption from inspection?—Yes.

2783. What have you to say about the nursing staff of Nursing Homes?—I think the nursing staff should all be trained.

2784. None of them should be assistants?—No.

2785. Their work should be done by domestic servants?—In many Homes they are nothing better than domestics.

2786. What is your view of the future of these people who are now engaged as assistants? What are they to do; are they to be trained?—Yes.

2787. Unless they can be trained they must go out of service and find something else?—Yes.

2788. You are quite clear about that?—Yes, quite.

2789. What has been the experience in Manchester with regard to the registration of Maternity Homes? That has been done since 1921, has it not?—Yes.

2790. Has it been successful?—Very.

2791. In what way has it been successful?—As regards the type of Homes that we are dealing with, we have only got 14 of the original ones on the Register now. There is not very much time spent actually on the Registered Home. A great deal of time is spent in dealing with the woman who is still taking in single cases, really what I term a glorified landlady.

2792. Do you register those people?—No, we do not. A great deal of time is taken in dealing with these cases. The well-equipped registered Nursing Homes do not give any trouble at all.

2793. You have reduced them now down to how many?—Only fourteen of the original homes at present on the Register.



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2794. Twenty-seven, of which 14 were original ones, and 13 new ones?—That is right; there are only 14 of the original 41 now on the Register. We are getting new applications for Registration.

2795. The other Homes are new ones that have been established since the regulations?—Yes.

2796. Then, in addition to those, you are troubled with the glorified landlady who takes in one case?—Yes; those are the cases we are dealing with and prosecuting.

2797. You prosecute those because they are not registered?—That is right.

2798. That is rather like your Case No. 1, is it not? That was a case where the applicant for registration was unsuitable. She had been a wardmaid for two years from the time she was 14 years of age; she was 46 years of age when she applied for registration. That was a case where she only took one or two lodgers?—Yes, one or two patients. She is still conducting a Nursing Home.

2799. Your attention as an authority was directed to that case by the complaint of the husband?—Yes.

2800. I think you might tell us a little about that case. I have got it all down here, but it is in the form of various reports which you issue to your authority; it wants a little condensation. Can you give us that case shortly, because I think it is a rather interesting one?—A man wrote to the late Medical Officer of Health, Dr. Niven, and complained that his wife was confined in a small upstairs front room. He said: "Her confinement was a bad case, yet on the fourth day the Nurse insisted on her getting up to pass water. The room was dirty when I visited her, and for a week after the confinement a partly burned sanitary towel was lying in the fireless grate together with the child's cord. The diet struck me as heavy and unsuitable, consisting of suet puddings, cow heel and steak, biscuits and boiled currant puddings, etc. Nine days after my wife was confined, another case was put in the same small room, and my wife was kept awake all night and much upset by being obliged to hear another woman going through her labour a few feet away. The children are left in their mothers' beds from the first. Surely from either a sanitary or humanitarian point of view this is not right. I protested to the Nurse on the following morning, only to be informed that such procedure was quite in order, and that you were aware of the facts.

The Nurse's husband acts as his wife's assistant at this place, and is to be seen emptying all the paraphernalia appertaining to the confinement, and I personally met him on the stairs with a pail containing my wife's afterbirth, blood, &c. He considers it his duty to sit by the patients' bedsides alone, to amuse them, as he puts it. During the three weeks that my wife was there, she was not once sponged over. The child was neglected and not changed sufficiently, resulting in much soreness, which is not yet healed. I told the Nurse I should inform you, but in placing you in possession of the foregoing facts, I am prompted solely in the interest of other unfortunate people who may use this 'Home,' only suggesting that these so-called Nursing Homes be placed under proper supervision."

Dr. Vernon Davies.

2801. May I ask the fee charged in that case?—The fee that this woman charges in all her cases is three guineas.

2802. For three weeks?—No, three guineas a week for a fortnight.

2803. Does a Doctor attend that Home?—Yes. This woman is a handy woman; she is not trained in any way.

2804. This particular case was attended by a Doctor?—Yes.

Chairman.

2805. What happened in this case was that she applied for registration; she was refused and I understand she continued to go on taking cases?—Not maternity cases, but she has continued to take on nursing cases and is now free from all supervision.

2806. She gave up taking maternity cases, but because there is no registration of Nursing Homes she is able to take medical and surgical cases?—Yes.

2807. And she is actually doing that?—She is actually doing it. I visited her about a fortnight ago.

Dr. Vernon Davies.

2808. Medical and surgical cases?—Yes.

Chairman.

2809. That is not the only case you have in Manchester by any means?—No.

2810. That is what is happening in Manchester?—Yes.

2811. That is one of the benefits of the registration of maternity homes?—Yes.

2812. Where they are refused to be registered as maternity homes because



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they are not suitable, they turn them into medical and surgical homes?—Yes.

2813. I think you hold pretty strongly, do you not, as far as Manchester is concerned, that the sooner we register nursing homes the better?—That is so.

2814. And then you will eliminate all these bad ones?—Yes, all these will be immediately eliminated.

2815. All these cases of which I have details here are very similar, are they not?—Exactly the same; some are even worse. They have been prosecuted.

2816. I do not think I need in that case take you through all these cases because, as you say, they are very much the same. What are your views generally on the question of inspection committees; who should be the inspecting authority and who should be the inspecting persons?—Although I am a medical woman I should like to say that I do not think it ought to be a medical man. I think my own medical officer of health would allow me to say that when he inspects a nursing home with me he does not see the details that I bring to his notice. He has been quite open about it. I do not think men notice soiled linen and dirty blankets, and I do not think they pay so much attention to the way food is served, and altogether the condition of the patient. In many of these so-called homes the patients are very dirty and their clothing is dirty, and I do not think details like that a man notices so well. I think it ought to be a medical woman or a trained nurse.

2817. You would not object to a trained Nurse?—No, for I do not think that all local authorities have got medical women on their staff.

2818. If the trained Nurse was accompanied by a Medical Officer of Health the two together would be able to size it up?—Yes, but I think that he needs the assistance of a woman.

2819. How about the authority? Do you think it should be the County authority or the Borough authority?—I think it ought to be the Borough authority. I think it is very difficult to deal with cases similar to some that we have had where there is infectious disease. It always seems to me to take very much longer for the County authority to get to the spot if they are a long distance away.

2820. There is more delay in getting the County authority to act?—Yes. As far as Manchester is concerned, the Maternity Home registration is working

so well, I think everybody would be perfectly satisfied for other Homes to be dealt with in the same way.

2821. You would like the whole thing linked up together?—Yes.

2822. Supposing that was done, would you say that Maternity Homes must stick to maternity cases, and Medical and Surgical Homes must stick to medical and surgical cases, and not mix the two things up together?—That is ideal, but it is very difficult in Maternity Homes to run only maternity cases because they are so irregular, and the booking of cases is not like the booking of medical and surgical cases. That is what I have brought out here in this first paragraph: that the majority of Homes are dealing with all three. On the surgical and medical side you do not want to press the point, because they are very well conducted Homes, and you get there the portion that is allocated to midwifery, but there is just the difficulty that when there is no midwifery case the principal is rather pushed into taking other cases.

2823. Nobody can make a Maternity Home really pay?—I do not think it can by itself.

2824. Would you hold that the proprietress of the Nursing Home should in every case be a properly trained nurse?—With regard to the registration of Maternity Homes, the person we call the principal must be herself a registered nurse and hold the qualifications of the Central Midwives' Board or put a qualified midwife on to her staff. I think there is a little difficulty; for instance, I know that one or two specialists finance a Home, and you would not register them, but you would register the Matron in charge. You have a great hold on the Matron because whenever she leaves, the Home has to be re-registered if you register the person.

2825. If the proprietress is not a qualified nurse you could not call her Matron, could you?—She must be a registered nurse.

2826. Then you would not allow, would you, any Home to be started of which the owner was a person not a registered nurse, who had a registered nurse under her, who did the work of looking after the nursing of the Home?—No.

2827. Are there any other Medical and Surgical Homes in Manchester besides these Homes, which have been Maternity Homes and which have turned themselves into Medical and Surgical Homes, which



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are well run?—Yes, there are. but there are people who come and make inquiries about registration, and immediately they hear what is expected they say: "Oh, I will not be taking maternity cases."

2828. That is the reverse side of it?—I have found that type.

2829. That is the reverse position; they are Medical and Surgical Homes; they wish to take maternity cases; they know that if they do take maternity cases they would have to be registered, for those cases, and they will not be registered and therefore they do not take maternity cases?—That is right. If they had to register we would have the power to put those Homes in order.

2830. You want that power?—Yes, certainly.

2831. You think it has been a good deal abused?—I know they are not satisfactory.

2832. Are they of the type of these cases that we have in your paper?—They are rather different because the Nurse is a registered Nurse but she does not wish to bring up her Home to the standard that you ask her to.

2833. Do you think it would increase the price very much if we caused them to be registered and screwed the conditions up?—No, I think these people are getting good fees.

#### Major Price.

2834. Was that case you quoted, before the registration of Maternity Homes?—Yes.

2835. So there was no opportunity of inspection then?—No.

2836. You mentioned that you think the Borough authorities should be the authorities. Would you qualify that to the large Boroughs? You may get a County where you have perhaps half a dozen small Boroughs in the County perhaps for a town of 5,000 or 8,000 inhabitants, each of them having one Nursing Home. Do you not think in those cases, especially where there might be a Nursing Home outside the Borough boundary, the County authority would be better?—No, I think I would like to adhere to my original answer.

2837. No matter how large or small the Borough was?—That is so.

#### Sir Richard Luce.

2838. I want to know exactly what your position is. Are you one of the

Inspectors of the Medical Officer of Health?—I am Assistant Medical Officer of Health.

2839. Is it part of your particular duties as Assistant Medical Officer of Health to do this particular inspection work?—I do it all except that when a Home is run by a certified Midwife, and in that instance the Inspector of Midwives does it, because we try not to overlap.

2840. Do you come here to-day on behalf of your Medical Officer of Health?—With my Committee's consent; the College of Nursing asked me.

2841. You come really to put the point of view of the College of Nursing rather than your own Medical Officer of Health's point of view?—The College of Nursing asked me if I would come, and it was brought before my local Committee, who were unanimous that I should come and give any information I could.

2842. I have no doubt you have certain regulations from the Medical Officer of Health in Manchester in regard to making inspections. What are the lines on which at the present time you would go in condemning a Maternity Home?—The usual procedure is that a woman makes application for registration of her Home. I go with the Chief Sanitary Inspector and I find out all the particulars of her training and her qualifications, and he then inspects along with me the whole Home from the sanitary point of view, and we draw a rough sketch plan (I have several here) of the rooms and the space, and so on, to see that all the sanitary defects are put right, and then bring it before my local Committee, bringing the points forward that the woman is suitable, in the first instance, and the premises are suitable, and we register it for a certain number of cases. If the woman is not suitable or her premises are not suitable, then it is turned down and she has the right to appeal, but if she does not appeal then the order is simply given that the premises are not fit to be used for that purpose.

2843. Once it is registered what is the next stage? Do you visit it?—The well conducted Nursing Homes I do not visit very often. There are some taking in patients charging 16 guineas and upwards. I do not go there more than once a year or not as often as that.

2844. And when you do go you would not make a minute inspection of the



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whole of the premises?—No, you try to work as tactfully as you can with the people that you know are doing their work well. I see the Matron and she shows me the whole Home and I make any comments.

2845. You would not as a matter of routine go into the whole question of whether they had a good cook, for instance, or how many sheets they had?—It all depends upon the Home. I use my judgment.

2846. But in the ordinary routine you would not do that? It would not be done as a matter of routine?—No.

2847. It would not be done unless there was some particular reason to call attention to the particular point. Is that the principle on which you work?—Yes. There are some Homes where I always go into the kitchen.

2848. It would not be like an Army inspection, at which every inspecting officer goes through every minute point that he possibly can?—No. You use your judgment according to the type of Home you go into. In some of them I always go into the kitchen. It is so different; there are some women that are just Midwives doing outdoor work as well, and they may not be quite as careful as they should be with the ordinary details.

2849. I do not know whether you were present when the last witness was here?—Yes; I could not hear all she said.

2850. Taking that type of Nursing Home, not an individual one, but a recognised Nursing Home of a Midland town, in a case of that sort, unless complaint was brought to you for some particular reason, your form of inspection would not be a very minute inspection of every detail unless you had some special reason to suspect that something was wrong?—It would all depend upon the impression that one gave me on my first visit. If I had to bring to the notice of the principal that she had her food where it ought not to be kept or that there was a very poor supply of food I would go into details.

*Chairman.*

2851. But the mere fact that she charged 16 guineas a week would not weigh with you, would it?—No, the fee would not, but I had an impression of the Home that I am thinking of, when I put that.

2852. You did say that a 16 guineas a week Home would not be the sort of Home

that you would look at so critically. That does not follow because it happens to be a 16-guinea Home?—No; I am sorry I put it in that way.

*Sir Richard Luce.*

2853. Registration of the Home or not practically depends on your report to the Medical Officer of Health?—Yes.

2854. What does he do then?—He reads the report and makes his recommendation and report to the Maternity and Child Welfare Committee.

2855. Do they do the Maternity Homes business?—Yes.

2856. Suppose the registration of ordinary Nurses came in as well and that responsibility was thrown on your Department, to whom would they report?—To the Medical Officer of Health.

2857. Those would come under the Maternity and Child Welfare in the particular case. Who would be the responsible authority under those conditions?—The Public Health Committee.

2858. Would that mean that there would be a dual control over the same institution?—No, the same officer would do it. I am employed by the Public Health Committee. Maternity and Child Welfare is my section.

2859. Would it mean that they would have to employ a different member of your staff to do the Nursing Homes?—No, the whole of the Nursing Homes would come under the same.

2860. You are not a specialist in that particular line so much so that you would not be able to judge of a Home of a surgical nature?—Do you mind putting your question again?

2861. You are not so much a specialist in Maternity and Child Welfare work that you would be able to inspect from a surgical point of view?—No, I think I could manage that.

2862. That is my point; I am not speaking of you personally, but as a general principle?—I think if a person is appointed to control the working of an Act with regard to registration of Maternity Homes they ought to be efficient to deal with the Surgical Home too.

2863. And you do not think there would be any difficulty about clashing with the two different authorities to which you would have a dual duty, as it were, the one being the sanitary authority and the other being the



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Maternity and Child Welfare Committee?  
—It is all one.

2864. One is a Committee of the other?  
—Yes, but the Public Health Committee controls the whole.

2865. I am speaking now about actually deciding as to whether a certificate should be withdrawn by the authority which is responsible for the Maternity Home; who is that?—The Medical Officer of Health.

2866. He does not only recommend it to a Committee?—No.

2866A. He actually has the power?—Yes.

2867. He refers to the Committee?—He always reports to the Committee.

2868. Which Committee?—At present the Maternity and Child Welfare Sub-Committee, which is a sub-Committee of the Public Health Committee.

2869. There would be no clash of responsibility?—No, none at all.

Dr. Shiels.

2870. The Child Welfare Committee is just one of the sub-committees of the Public Health Committee?—It is a sub-committee.

2871. The decision would really be a decision of the Public Health Committee carried out by the Medical Officer of Health. Is that so?—Yes, that is so.

2872. I was wondering if you have any view in regard to these assistant nurses for nursing homes. You have already said, and I think we all agree with you, that the ideal thing would be completely trained nurses in all nursing homes. Have you any suggestion in regard to any transition period? I do not know whether you heard the question I put to the last witness. Supposing we had a certain standard of nursing homes, whether some probationary period might count in the training. Have you any ideas about that?—I think if there was legislation with regard to nursing homes, that you could say on and after a certain period no nurse in a nursing home should be untrained, you might then say that if a nurse does go into a nursing home, that time should be allowed to qualify for other training. Is that what you mean?

2873. At present it is a blind alley. Of course it is all right if you go very young and stay there a couple of years and then go for training; but if they are there a number of years, it is a blind alley; it is no career for them, and in

regard to these people, supposing you said: Well, after four years or five years, or some other period, every nurse in a nursing home must be fully trained; you would then have a fairly considerable army of untrained women who would be in rather a difficulty. I was wondering if you had any views on that?—Do you not think their difficulty would not be there if you gave sufficient notice to say that on and after a certain date nobody could be in a nursing home unless they held qualifications? The girls that would be going in for nursing now would immediately bar themselves from those nursing homes and would go right into training straight off, and then you would get a higher standard of nurse straight away.

2874. One of the main considerations is an economic consideration. Some of these girls would perhaps get more going into a nursing home, even as an assistant nurse, or probationer nurse, than they would get going in for general training in a hospital. You perhaps heard the last witness indicate that she had to assist some specially deserving case to get her general training, and that in the case of any assistant nurse who appealed to her as being good, she made a habit of trying to help her to get her general training, showing that there was obviously a difficulty.

Dr. Vernon Davies.] Pardon me; I think she stated that the case she helped was to get her C.M.B.

Dr. Shiels.

2875. I think she indicated that apart from that particular case she was in the habit of assisting particular girls to get their training. There is no doubt that there is an economic side to it?—Yes, but I would not do anything to make it easy for people to get unqualified positions.

2876. On the other hand, if you set up too high a standard and if you say they must all be qualified nurses at a certain time, if you can show a bridge or some method by which the transition period can be got over, you are more likely to carry your point to get the higher standard afterwards, whereas if you put an impossible proposition before the Committee, it simply would not be carried?—You mean if you must have assistants unqualified, could there not be a period before they go in for their general training?



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2877. That is my idea. Perhaps the girls going at 18, say, for two years, and then starting training at 20?—I should not like to count the training they get in these nursing homes.

2878. Half of it. It is done now in certain hospitals where they have a sort of convalescent places and other subsidiary hospitals; half of their time is allowed for their general training. That is actually in practice now. If you had a similar standard of nursing in these nursing homes, why should not the same thing apply there?—You probably have in mind a good nursing home; I am thinking of all these other nursing homes.

2879. But it is after the Bill is passed, after registration has taken place, when you and the other Inspectors are maintaining this high standard; it is after that?—After the Bill is passed; then I will agree.

*Dr. Vernon Davies.*

2880. I want to refer back to the Borough being the authority. You have in mind Manchester, which is a County Borough and a very huge City; but I want to go away from the Borough altogether and get to the Urban District Council, which is what we call a Local Authority. I distinguish between a County Authority, a County Borough Authority, and a Local Authority. Now would you think that the Local Authority should be made the inspecting authority?—I do think it should be the Local Authority. I must plead great ignorance in seeing the difficulties that people have; because we have not got those difficulties ourselves, we cannot see them.

2881. You are in Manchester?—Yes; you mean that the Local Medical Officer of Health should have control of the Nursing Homes. That is practically what it means in the smaller places.

2882. There is the question of local tittle-tattle and local jealousies?—Yes, I see that difficulty. I know what difficulties there are with the Midwives Act and I think those same difficulties would probably arise.

2883. It would be worse for a nursing home?—Yes, I quite agree.

2884. You think in the case of the Local Authority, not the County Authority, it would perhaps not be abused?—Yes, I must take back what I have already said.

2885. Would you rather go back to the County or the County Borough?—When

you are talking about those small places, I quite agree.

2886. You either have to have the County Authority, or the County Borough Authority, or the Local Authority. The Local Authority may be a small town of 5,000 inhabitants?—Yes. What would happen in a big city like Manchester?

2887. You are all right there.

*Chairman.*

2888. It would be the County Borough Authority?—Then I will take back what I said.

*Dr. Vernon Davies.*

2889. You will go back to a County?—Yes.

2890. You said that there might be delay in the county, particularly with regard to the notification of certain infectious diseases. You have not really noticed that in connection with local cases of puerperal fever, have you? At least, I did not when I was in Lancashire; I found that the County Authorities went down very quickly; there was never any delay in the case of puerperal fever or of ophthalmia. That is my experience of a small Local Authority; you perhaps have not had that experience. You are Manchester; you are, of course, quite apart from the Lancashire County Council. Referring to the inspection of doctors' nursing homes, do you think that doctors should be put in a class apart and specially exempted or have special privileges?—I think you are going to make it very difficult.

2891. I did not ask you that; never mind about the difficulty. Do you think that they should have certain privileges in these cases which the rest of the people are not to have?—Yes, I think so.

2892. Why?—I think it would be very difficult for a doctor to run a nursing home and have somebody not quite so qualified walk into his Home and make suggestions.

2893. It does not necessarily mean that the person was not quite so qualified. It depends who does the inspecting. I am not talking of the inspecting officer now. I want to get at this: should the doctor be exempt from inspection because he is a doctor?—Yes, I think so, from inspection, but not from registration.

2894. You would still exempt him?—Yes.

2895. Take the case of certain doctors who will take perhaps one case, or per-



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haps at the outside two, perhaps of old people, and who really take them as a means of adding to their livelihood—purely from a financial standpoint. Do you think those are essentially cases which should be inspected?—I have not come across that case.

2896. I am not asking for your experience; I am asking for your opinion now?—I quite agree with you that if a doctor had to take a chronic or mental case into his Home for financial reasons to bring up his income, in a case like that perhaps it would be as well to have that Home inspected.

2897. That is what they do it for; they do not do it for love, unless it happens to be a relation, and then they would not call it a Nursing Home. But anybody who advertises and takes a patient for gain, whether a doctor or otherwise, should be inspected. You would agree to that?—Takes a patient, you said?

2898. For gain; that is the essential part?—Yes; it is ideal to have every place inspected.

2899. Not only ideal, but do you think it advisable and necessary?—Do you mean just from the knowledge I have got?

2900. From the knowledge you have, and from your opinion as a medical woman, and from your knowledge of life generally as to what is desirable and what is not desirable?—I should hardly have thought it was necessary to inspect a doctor's private house.

2901. If you would not go so far as to have an inspection of every doctor's house, that is in the case of taking a patient for gain, would you think that certain regulations should be formed. I will give you some idea of what I mean: that any doctor having a patient for gain should produce a certificate signed by two independent medical men that he was fit and competent and a proper person to run such a place. Would you think that would take the place of inspection?—Yes, but I think that the doctor ought to register his staff with the Local Authority.

2902. But he may have no staff; it may be run by his wife and himself?—Then I do not think he ought to be registered, unless he keeps a qualified nurse in his Home.

*Chairman.*] Registration is not automatic there.

Dr. Vernon Davies.

2903. This is what I want to get at, because it is a very important point. A doctor will get married and very often it happens that the doctor will marry a nurse. Then perhaps a little later on they may find that they can do with a little more money, and they will take a private patient, who may be a mental case or perhaps a border-line case, or a nerve case or a chronic case, and charge six or seven guineas a week—a home-from-home sort of business—and that is a very definite income. Now do you not think a Home like that should be registered and inspected?—I would qualify that by saying that the doctor's Home should not be registered unless he had a qualified nurse on his staff irrespective of his family.

2904. So that you make the essential point for registration, having a trained nurse on his staff?—Yes.

2905. To my mind that would be one of the cases where you should register. We have to take the point of view that there are some black sheep in the medical profession, as in all professions, and it is quite possible that a medical man will take a case like this into his home and perhaps the relatives are not particularly anxious to have the patient looked after and there is a possibility of, I will not say scandal, but of slight irregularity. The better the home and the better the type of people, the less they will object to registration and inspection, and it is just the other sort who are afraid of it; and there are certain medical men of that kind, although I am making no accusation against the profession, because I think it has a very high standard of honour. Therefore I say, for the safety of the profession, every doctor taking a patient into his home for gain ought to be registered and inspected. Now, with your experience, you will not go so far as that?—I have had no experience at all of doctors running homes. I have only got one in Manchester and that is run by a medical woman who takes a case from time to time and it is very well conducted. I cannot from my own experience say what you have said.

2906. That lady probably would not object to inspection?—She would not.

2907. She would probably welcome it?—She would be quite willing to let me inspect it.

2908. The good type of people will?—Yes.



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2909. Therefore it is an argument in favour of having every doctor's Home inspected. Would you go so far as that?—No, I do not think so.

*Sir Richard Luce.*

2910. What is the actual regulation with regard to the case of which you were just now speaking? That lady that you spoke of is registered, is she?—She makes an application to be put on the Register.

2911. Have you not the right of inspecting her Home, if you wanted to?—No.

2912. By the Regulations she is exempted?—Yes.

2913. Has she to get references from two other doctors?—Yes.

2914. That is the same as in London?—Yes.

*Chairman.*

2915. Any doctor applying for registration would be automatically registered under those particular conditions?—Yes.

2916. What you would do would be to make another condition, namely, that they should have a resident qualified nurse on the premises?—Yes.

2917. That is as far as you would go?—And that they should notify any change in their staff.

*Dr. Vernon Davies.*

2918. No nurse, no registration?—Yes.

*Sir Richard Luce.*

2919. It is of maternity cases that you are speaking at the moment?—Yes.

*Major Price.*

2920. Supposing the doctor took a patient in and he had no qualified staff at all, would he escape?—He would not be registered.

*Chairman.*

2921. You would make that extra condition?—Yes, quite.

2922. As it stands now, there is only one condition, namely, that he should get two of his brothers in the profession to say that he is a proper person to run a Home, and then automatically he is registered. You would make a further

condition to that, and say although he may get his two brethren, unless he has got a registered nurse on the premises to look after the cases, he would not be registered?—That is right.

*Dr. Vernon Davies.*

2923. Or need not apply to be registered?—Or need not apply to be registered, because he would not be accepted.

General *Sir Richard Luce.*] I do not quite follow that. There are many cases which might be proper for a Home which do not require a nurse, border-line cases and mental cases, for instance, going to a doctor's private house, many of which do not require a trained nurse at all. There are a considerable number of cases in which the doctor takes a case in for gain with a view to looking after them, but they do not require any actual nursing. This regulation that you suggest should be brought in, of their having compulsorily a trained nurse in the place, is not quite the same as it is in maternity cases.

*Chairman.*

2924. I do not think we can press Dr. Douglas-Drummond any further about this. It is clear to me that she is not seised of the kind of case that we are seised of in this Committee, where we have had some very distressing cases which have come from doctors' Homes, where it looks to us as if we ought to register doctors' houses just as much as other persons' houses. You have not got that experience and you are only speaking of your general view on this question?—Yes; I have not the slightest doubt that I would agree with you if I had that information, but I have not got it.

*Dr. Shiels.*

2925. In regard to inspecting, do you think, for instance in the case of your Public Health Authority, and even in the case of smaller Boroughs, they would feel it a sort of slight if they were not able to look after their own Nursing Homes and if the County Authority had to come in and inspect Nursing Homes in their particular Borough areas? Do you think that is a consideration at all?—No, I would not consider that. I have no doubt they would raise that point, but I should not consider it.

2926. What is your main reason for preferring the Local Authority. Is it



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simply speed of attention?—No; the point that you raised before.

2927. You spoke about it a good deal, I know, but perhaps I was rather dull; I have not yet found out what your main reason was for preferring it?—The little petty talking and the jealousies and so on, in the smaller places. I think that has to be considered.

2928. You have no difficulty in regard to your Maternity Homes?—None at all. I have had only one difficult case and that was with a woman who was not in my opinion a very good nurse; she complained of the Inspector.

2929. But you think, even in regard to that matter of a smaller Borough, the same objection might operate?—Yes.

*Dr. Vernon Davies.*

2930. If I may say so, I am very impressed with Dr. Douglas-Drummond's evidence, on account of being a medical woman with big experience, and I was very anxious to get her opinion with her experience.—I did not want to try to keep myself on the experience I have had.

2931. In that case, I do not want to press it any further; I hope I have not pressed it too far?—No, I did not want to bring in the other, if I could avoid it.

*Chairman.*

2932. You have had a very great deal of experience of inspecting all these types of Homes, Maternity Homes and other things. Can you tell us what are the general types of abuses which you have found?—In the first place the Homes that are on the Register are not giving us any trouble. We have a very long period before they get on to the Register sometimes bringing them up to standard. They are very dirty, houses dirty, inefficient staff, and in many cases the patients are not looked after properly; in a great many of these cases you will find the husbands are doing part of the looking after the patients while the woman is out doing some other kind of work. The whole of the buildings are absolutely unsuitable, poor property, and they are unable to spend the money that they ought to in order to be adapted for the work that they intend to do. They all have a great deal to say about having more than one patient in the room; that seems to be a point that I have a great deal of difficulty with—how many patients

to have in a room. In Maternity Homes they must have one patient in each room if they do not provide a labour room, and of course that is a very sore point. There is sometimes very little food, and it is very difficult to find any.

2933. They are badly fed?—I do not think they are well fed nor is the food properly presented and in some Homes I think the Nurses themselves would welcome registration from their point of view—the way they are housed, and so on. I have a Nursing Home in my mind just now where the Nurses themselves, both the principal and her assistant, did not sleep on a bed, but just on a mattress with some of their personal clothing over them. Then there is the absolute inefficiency of linen and bed clothing, and also ordinary appliances that people require, mackintoshes, and so on.

2934. Have any of these Nursing Homes got operating rooms?—The well-equipped ones have; these others have not.

2935. Only your 16-guinea ones?—Yes, that is right.

*Major Price.*

2936. What would be the charge of these lower-class Nursing Homes that you speak of?—From three guineas.

2937. Do you think that they give adequate attention for three guineas?—If it is the type of one where there are a number of old people who are not really ill, that they are simply as it were mothering, I think if they had a sufficient number they could look after them.

2938. What would be the minimum charge in your mind at which decent conditions could be given?—That would all depend upon the size of the Home because the overhead charges for a small Home would be so great.

2939. The type of Home that we have to deal with to-day?—Of this type I do not think any of them could come up to standard unless they charged at least five guineas.

*Chairman.*

2940. What is to be done with those cases where the people send their poor relations to finish them off?—You have that type of place in Manchester, I suppose?—Yes. I could only suggest that those patients would be very much more comfortable in the paying wards of the Union hospitals than they are in these



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homes, where they are at present looked after.

2941. Do you think the registration of nursing homes would eliminate all this type of bad nursing homes?—Yes.

2942. And the result of that would be that people would be obliged to send their poor relations to the institutions?—Yes.

2943. And so much the better for them?—Yes.

Major Price.

2944. That is really what I was driving at. Assuming that you shut up, as the result of your registration, from 50 to 75 per cent. of these lower class nursing homes, what would happen to the patients?—They would go into the Union.

2945. Is there accommodation for them?—Yes, in the paying wards of the Union Hospital.

2946. You think there would be accommodation?—Yes, I know there is.

2947. Of course you are only speaking for Manchester?—Yes.

Chairman.

2948. They dislike them now, I suppose, because of the poor law taint?—That is so.

Dr. Vernon Davies.

2949. Has your attention ever been drawn to an unsatisfactory Maternity Home by the Doctor attending the case?—Never.

2950. A Doctor has never reported an unsatisfactory case?—Never.

2951. Have you ever found an unsatisfactory Home where a Doctor has been attending and has not reported it?—Yes.

2952. So that the possibility is that a Doctor may not necessarily be the best judge as to a Nursing Home or out of a feeling of kindness to the proprietress is afraid to draw attention to an unsatisfactory Home?—Yes.

2953. That is a point against medical men, is it not?—It is very difficult if you go into a Nursing Home as a medical man to write a letter to the local authority drawing attention to the unsatisfactory condition. I was speaking to a specialist within the last few weeks and I said to him: "That particular Nursing Home: I am rather surprised you sent a case there; did you know what sort of Home it was?" He said: "Well, I went there once and the other Doctors' names were

quoted to me; but never again." You see his position; he had the names of these other people quoted to him, and this patient went in and he was called in by a general practitioner in the capacity of a specialist, and he made many comments to the Doctor at the time, and he has since made those comments to me when I was discussing it with him. It is very difficult for a specialist in that capacity to report to the local authority where he has been called in as a specialist, that the Home is badly conducted.

2954. I am thinking particularly of a medical man who may be a general practitioner who may attend a case in a Home which he knows to be unsatisfactory. He does not report it. At some time or other it comes to your knowledge and you go and that Home is wiped out, although a Doctor has been going and is aware of the fact, but he has not informed you through, perhaps, a feeling of kindness or otherwise?—Yes, it is so.

Sir Richard Luce.

2955. How many Homes have been struck off after they have been registered or have been actually working?—I am sorry I have not got that information. I can only tell you that of the original 41 there are only 14 left.

2956. Were 41 all registered to start with?—There were 41 who were conducting.

2957. But they were not registered?—No.

2958. In your experience, are there many cases where subsequent inspections caused you to condemn Homes which had already been passed by you?—I have not had the privilege, if it is a privilege, of stopping them, because they have all voluntarily stopped themselves.

2959. Owing to complaints that you raised at your subsequent inspection?—Yes.

2960. That has occurred in a considerable number of cases in Homes that had previously been registered?—Yes.

Chairman.

2961. But they had a way of escape. They became Surgical and Medical Homes?—That is what they did.

Sir Richard Luce.

2962. But you would have condemned them if they had not done so. They



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Dr. M. A. C. DOUGLAS-DRUMMOND.

[Continued.]

would have been condemned by you on your subsequent inspection?—They were condemned as Maternity Homes on my subsequent visits, but the next thing I hear is that they are running a Nursing Home.

2963. That is another point. I was trying to get out how much of the

inspection keeps them up to the mark?—It keeps them up to the mark that the bad ones refused to take maternity cases and voluntarily resigned from the Register.

*Chairman.*] We thank you very much; we are much obliged to you for your evidence.

(The Witness withdrew.)

Thursday, 10th June, 1926.

PRESENT :

Sir Cyril Cobb,  
Dr. Vernon Davies,

Mr. Hurst,  
Major Price.

SIR CYRIL COBB IN THE CHAIR.

SIR WILLIAM EDWARD HART, called and examined.

*Chairman.*

2964. I think you are the Town Clerk of Sheffield?—Yes.

2965. You come here on behalf of the Association of Municipal Corporations?—I do.

2966. Have they had a discussion on this question of the registration of nursing homes?—They have appointed a Committee to consider the provisions of the Bill, and I was asked by them to give evidence before you.

2967. Their decision took the form of asking you to give evidence; they have not put out any document?—They have not put out any document, but they have passed one or two resolutions.

2968. Perhaps we had better have the resolutions?—The effect of them I have embodied in my memorandum.

2969. Do you find in your experience that there is any demand for the registration of nursing homes?—We have had no special demand from our constituent members. The general opinion was that it is desirable, but there has been no demand from our Corporations.

2970. You have not heard any complaints about the existing nursing homes

in Sheffield—to come down to Sheffield rather than Municipal Corporations?—I understand you have had a letter put before you sent by a woman Inspector in the Medical Officer's Department with reference to two cases that have taken place in Sheffield where there have been serious complaints. That is Mrs. Franks. Those two cases are quite fairly summarised in her letter and both were unsatisfactory, of course, as you see by the nature of the cases and the decision of the magistrates in each case.

2971. Do you regard those as typical cases?—No, I should not say they are typical. They are quite exceptional cases. I should not suppose there is any such case to-day in Sheffield.

2972. You do not register maternity homes in Sheffield, I suppose?—No.

2973. Is it your opinion, supposing we decided to register nursing homes, that there might be an overlapping between them and maternity homes?—I do not think so.

2974. What is your general view about how far it is wise to separate one from the other, to register nursing homes as nursing homes, and maternity homes as maternity homes, and not have any mixed homes?—Personally I see no reason why



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SIR WILLIAM EDWARD HART.

[Continued.]

there should be the distinction. I should register them all under one head.

2975. Would you allow maternity homes to take medical and surgical cases, and medical and surgical homes to take maternity cases?—I have not had sufficient experience to say. I am not justified in speaking of that.

2976. You are really talking more of the administrative side?—I am speaking as representative of the registration authority that may be, and it does not matter very much to us whether it is under two Registers or one.

2977. But you do think that the same body should be the inspecting body?—Yes.

2978. What do you think should be the body—the County Borough?—The County Borough, certainly, and we also take the view that the Non-County Borough should be the authority.

2979. And the County Councils?—As regards the County Councils and the Urban and Rural Districts, that is a matter on which I do not wish to say anything; I am only speaking on behalf of the County Boroughs and Non-County Boroughs. What we feel is that the Local Authority is best qualified to keep the Register, and is best qualified to carry out the duties of inspection.

2980. Have you any idea yourself as to what would be useful conditions to lay down for the purpose of registration?—I think those set out in the Bill would be generally satisfactory.

2981. And you think it would be quite possible to carry those out satisfactorily?—I think so.

2982. What have you to say about inspection?—Who, do you think, should be the inspecting body?—As far as concerns the building, it might well be done by the Building Inspectors under the Building Department, but so far as control and management are concerned, that should be certainly under the Medical Officer.

2983. Would you put the Sanitary Engineer in at all? I suppose you have a Sanitary Engineer, have you not?—Yes.

2984. You would not think that necessary if he was a building man?—Perhaps I had better correct myself. I think the Sanitary Inspector would be better for drainage and things of that kind; he understands them; but the Medical Officer, I think, for questions of control and working.

2985. You say in your memorandum: "The Association would not approve of Councils being compelled to co-opt outsiders on Committees dealing with the registration of nursing homes." What exactly is the idea there, or what is the objection there?—There is a very strong feeling on the part of Municipal Corporations that the provisions for the co-option of outside members have gone as far as they should and further than a great many think is desirable. If for all kinds of departmental duties we have to to have outside members co-opted, they have not the same responsibility to the ratepayers that elected members have, and generally there is a very strong feeling that it is much better that the elected representatives should carry out the duties imposed on them by Parliament.

2986. What is your opinion on the question of nursing homes run by medical men? I see you say here: "The Association sees no reason why there should be any exemption in favour of nursing homes run by medical men"?—That would be our view. The decision of the House of Lords a night or two ago in regard to maternity homes would, I think, meet the case satisfactorily. That is, as I understand it, the Local Authority would be entitled to require all nursing homes to be registered, but might exempt any that they thought need not necessarily be registered, with a power to appeal on the part of any person who felt himself aggrieved.

2987. Is that exemption from registration or only exemption from inspection?—I am not sure.

2988. The idea seems to be in some cases that practically automatically if a nursing home is run by a medical man, if the medical man applies for exemption under certain conditions, that is to say, that he gets two other medical men to guarantee that he is a suitable person, that should automatically mean registration, but that he should be exempt from inspection?—That of course would be quite satisfactory to us. Then we should have every case registered. I am not sure that I read Lord Salisbury's speech the other night quite correctly, but I understood the report to be that there would be a power of exemption by the local supervising authority, leaving it to the option of the authority to refuse exemption where they thought fit.



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[Continued.]

2989. Exemption from what?—From registration, I gather.

2990. You see there is a distinction between exemption from registration and exemption from inspection?—Yes.

Mr. Hurst.

2991. I suppose your Association has not really addressed its examination of this Bill to the question as to whether a doctor or a nurse is the more fitting person to inspect a nursing home?—No.

2992. You said just now that you thought a doctor was the most fitting, but I suppose they have not really gone into that matter?—No; we should leave it to the Medical Officer of Health. It might be that he would give this duty to a nurse on his staff or do it himself, or by one of his medical assistants. I could not say. We certainly have not considered that point.

2993. You do not suggest that by law the Health Committee of a County Council or of a City Council, should be deprived of the right of co-opting non-elected members if it thought fit. Would you not leave it within the discretion of the Local Authority?—Personally I would, but I am not sure that my Association would go so far as that.

2994. It is very easy, is it not, to conceive of a small Non-County Borough without any elected member very qualified to go into this question at all. In such a case it would seem rather arbitrary to impose an absolute veto on the co-opting of expert members, would it not?—In theory perhaps it would, but I think in practice those things work out much more satisfactorily.

2995. I suppose it is because of the strong views taken by the Boroughs that you take objection in your evidence to the County Council dealing with a Non-County Borough?—There is strong feeling, certainly.

2996. Many are small towns?—They go up to 50,000 inhabitants.

2997. Apart from your representative evidence, have you any really strong views on that question with regard to the small towns as contrasted with the County Councils? Would you really think that County Councils are less fitted than small Boroughs to deal with nursing homes in their areas?—There comes a time, no doubt, when they go down in the scale of population and you get them very small and you might say that the County Council might do it better.

2998. It is rather difficult to draw the line, is it not?—The line has been drawn in various ways. In some Acts of Parliament certain powers have been given to Local Authorities with a population of over 10,000; perhaps in another Act it is a population of over 20,000. In recent Acts there have been one or two cases where a line has been drawn with authorities that have certain health powers, and certain education powers.

2999. Of course the line has to be drawn arbitrarily somewhere; the difficulty is that wherever you draw it, you make enemies of the people who wish to control these things?—You have precedents in Acts of Parliament, if you wish to draw a line.

3000. You do not suggest that it would be desirable to exempt any nursing home permanently from inspection, do you?—No, I do not think so. The idea, as I understand it, is this, that where, as we have in Sheffield for instance, high-class medical practitioners are conducting nursing homes, the Medical Officer tells me he would never think of applying to inspect homes under the present management. But circumstances might change.

3001. Of course, "conducting" is a very loose term. In a great many big towns—I do not know whether it is the case in Sheffield—although a nursing home may be identified with a doctor, the doctor does little more than send his patients there. That is true, is it not?—That may be so. I know of cases where the doctor practically runs the Home, sends his own patients there and attends to them there.

3002. Do you find that the fact that he sends his patients to a Home and attends his patients there, means that he very often takes a personal interest and personal care with regard to anything beyond the actual attendance on his patients? Is it not a fact that very often the doctor is a very busy man; he says to his patient: "You had better go to Miss So and So's Nursing home," and visits her there, but he really knows nothing more of the nursing home?—That may be. I thought you were addressing your remarks to a Home that he practically owns and runs.

3003. In Sheffield are there many such?—We have not a very large number of these Homes, but there are one or two that are practically, you might say, an annexe to the doctor's surgery.



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[Continued.]

Major Price.

3004. You mentioned two cases which were very bad?—Yes.

3005. I understand you do not register Maternity Homes at all in Sheffield?—No.

3006. What means have you of obtaining knowledge as to the condition in either Maternity Homes or Nursing Homes in Sheffield?—We have no official means. I take it we might get information if the place was very badly conducted. The two cases I have referred to were places where the places were very dirty and the patients very neglected, and it became a matter of public notoriety.

3007. But unless it does become a matter of notoriety, of course there is no means of ascertaining the condition?—No. That is the ground for having registration and inspection.

3008. Have you any idea as to the number of Nursing Homes in Sheffield?—I looked in the directory the other day and I found nearly 20 names down.

3009. Do you know anything as to the charges that are made and how they vary?—No, I do not.

Dr. Vernon Davies.

3010. I take it you are speaking more particularly for this Association, and particularly from the registration point of view?—Certainly.

3011. You have no very definite ideas or instructions about the running of the Nursing Home or the type of Nursing Home?—No, I do not profess to have any knowledge.

3012. Your Association is of the opinion that the County Council would be less qualified to carry out the duties of the Act than the local authority?—Yes.

3013. That is very comprehensive statement, is it not?—Yes.

3014. Would you say that the local urban authorities in small towns with 5,000, 6,000, or 10,000 people would be more competent to undertake this work than the County Council?—I am not sure that I should say that a small authority with 5,000 or 10,000 population would, but I had in mind the larger ones of 20,000 and upwards generally, without pledging myself exactly to the number.

3015. Would you say that it was perhaps right to say that the County Boroughs should be the registering

authority for County Boroughs, but in all other cases it should be the County Council?—No, I could not agree to that.

3016. Why?—Because we have a great many Boroughs that would be well able to discharge these duties, and being well equipped with Medical Officers and their staffs, and having a competent Council, and knowing the district and living in it, they would be much better in my opinion to discharge those duties.

3017. Why would they be better to discharge those duties?—As I say, they have the staffs, they have the experience and they have full knowledge of the locality.

3018. So have the Urban District Councils?—I hope you will not misunderstand me. I said I was not speaking with regard to the Urban District Councils, because I have no mandate to speak for them. But an Urban District of similar size to the non-County Boroughs that I am speaking for would from my point of view be entitled to be similarly treated to the non-County Boroughs. I only excepted the Urban Districts because they are not within my reference.

3019. Do you not think it follows that it does not depend so much upon the size of the town as upon the public health staff, the Medical Officer and his Department?—That may be, but you cannot go through the whole list and say: This has a very good Medical Officer; this has a second-rate Medical Officer; you must have some standard.

3020. I was speaking from the standpoint of the Committee. We might say the important point is to see that there is an efficient health service in that town, irrespective of the size, provided we do not interfere with County Boroughs.—I could not agree to that, because, while I accept what you say with regard to County Boroughs, these non-County Boroughs to-day have considerable health powers and duties to discharge, and this would come fittingly with the duties they are now fulfilling.

3021. Is it the fact that the Maternity Act is administered by the County Council in these places?—No, in many of the Boroughs they are discharging this duty themselves.

3022. In non-County Boroughs?—I think so.

3023. My impression was that the County Boroughs looked after the Maternity and Midwives Act, but that in every other case the County Councils did so, and that that is one of the arguments



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[Continued.]

used in favour of the County Council now being the licencing authority?—I will not contradict that. I know that many of these authorities have these powers given to them, not all possibly.

3024. For maternity cases?—There are certain of them I think have those powers.

3025. I am not talking of Maternity and Child Welfare; that is quite a different thing. I am talking of the administration of the Midwives Act?—I beg your pardon. I did not understand that. For the Midwives Act the supervising authorities are, of course, the County Boroughs and the County Councils.

3026. So that that is a sort of precedent?—Yes, I realise that.

3027. Do you think there is any point in an objection which we have heard more than once, that in the smaller towns and perhaps the smaller non-County Boroughs local inspection might be objectionable in that perhaps there might be local jealousies or local tittle-tattle, or the details of certain cases might become public property, and that it would lead to certain awkward positions now and then with local registration and inspection?—I should think that is a very small risk.

3028. Several people have thought that it would not be fair to allow in a moderately small place a Medical Officer of Health or someone in his Department to have the power to inspect, and perhaps veto, a Nursing Home, from the possibility that there might have been a little personal feeling in some of them. It is more likely to happen in the smaller places than in the big places, is it not?—I should not think it is likely to be at all a common occurrence anywhere.

3029. Do you think that the Medical Officer of Health should be the inspecting authority?—I think so, certainly in the larger authorities.

3030. The thing would probably have to be general; you cannot pick and choose. Do you think a doctor is competent thoroughly to inspect a Nursing Home or would you suggest that he should be assisted by a specially trained nurse?—I should not object to that at all in proper cases. The doctor has a very general experience, a wide experience as a rule; medical officers have had good training, and I should think they would be quite competent to do the work of inspection.

3031. Of the purely nursing part?—I should think so. I should not object to it being provided that a nurse would do this if that were thought to be better.

I have not had sufficient experience to justify me in giving a strong opinion.

3032. You have no definite view?—No, but, generally speaking, I should say that the medical officer is qualified to do what is necessary, and probably has on his staff either women doctors or nurses who could assist in any necessary case.

3033. Do you think it should be made optional for the medical officer if he had a trained nurse on his staff to use her for that purpose, or compulsory?—I should prefer to have it optional. The medical officer is a man of wide experience as a rule, and he would be able to judge as to what is the best thing to be done.

3034. It does not depend quite so much on the width of the experience of the medical man as on his special experience of Nursing Homes, which is a different thing. You think it would be feasible that the sanitation and sanitary condition of the house should be inspected by your sanitary officer?—Yes.

3035. He is quite as competent as the medical officer for that?—Yes.

3036. Probably more so?—It is his life's work. As a rule they are a very competent body of men.

3037. So, if the thing was to apply to a sanitary officer it is conceivable that it might also apply to a nurse for the purely nursing part of the work?—Yes.

3038. So you would not object to having the Medical Officer of Health as the supreme authority and make it necessary that, for the purely nursing part, he should use a trained nurse, and for the sanitation and building he should use a sanitary inspector?—I should not have thought it was necessary in many cases to have the nurse, but I have not sufficient experience to justify myself in giving a clear opinion about it.

3039. You say in your memorandum: "The Association sees no reason why there should be any exemption in favour of Nursing Homes run by medical men." Do you think there are many Nursing Homes which are owned by medical men?—I do not know the proportion, but if I may go back to one of the two cases that I have been referring to where proceedings were taken in Sheffield some time ago, a midwife was struck off the roll. She had been running a home, and there was reason to suspect that a doctor was interested to some extent in this place. Whether it was his place that she was running for him or not, we were never able thoroughly to sift, but we had a strong suspicion. It is cases of that kind



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[Continued.]

that we want to have prevented so that we can secure proper registration, proper supervision and proper inspection.

3040. In that case it would mean that every nursing home should be registered, because you would not know whether a doctor was the secret owner or not, or whether there might be a financial consideration?—Quite.

3041. Personally I do not think there are many of those homes now?—I hope not.

3042. I mean of the doctor owning or having a financial interest in the home. Because the accusation in the case of one home was that he sent patients to the home unnecessarily for the sake of getting fees?—It is not for me to make any suggestion of that kind.

3043. So that you really would make no exception and you would say that every doctor's nursing home should be registered?—I think that the line that the House of Lords took the other night on the Maternity and Midwives Bill really covers what I should desire. We should require all to be registered, but if a man wishes to escape inspection then it is a matter of arrangement.

3044. Arrangement with whom?—Arrangement between him and the authority.

3045. The Medical Officer of Health?—Practically, yes, representing the authority. Then if it be asked that he submit to inspection and he is dissatisfied, he has an appeal to the Ministry of Health.

3046. Take the case of a nursing home which is owned by a private individual or a trained nurse or a couple of nurses, and a doctor sends all his cases there, so that it practically becomes known as Dr. So and so's Home, but he has absolutely no financial interest in it, would you allow a doctor like that to apply for exemption?—No, because the ground of exemption is that he is the owner resident there and responsible for it.

3047. You would make that the only ground of exemption?—Certainly I should.

3048. Take that a little further. Take the case of a doctor who takes in one or two paying patients, paying guests, or whatever you like to call them. They may be maternity cases or they may be nerve cases: Would you have that home registered?—If he is doing this regularly and having patients, one coming in and another going out, I think I should. If it is an occasional thing to have a special

patient for some special reason, I should not.

3049. Take the case where a doctor is doing that simply to add to his income; it may be only one case, a chronic case?—When he is doing it to add to his income I think he ought to come under registration and inspection.

3050. So you say that any doctor who takes a paying patient should be registered?—When he does it regularly; when it is a regular practice I think I should.

3051. Although the same one patient may be there three or four years?—If it is only just one patient that is different.

3052. It is a rather important point. Take an old person, whom perhaps the relatives are not very anxious to have at home; there may be a little trouble and nuisance and a doctor takes the case?—If it is a case of doing it regularly as a means of adding to his income, or whatever it may be, he ought to be subject to registration.

3053. You think that doctors should be exempted, but under certain conditions?—I think there should be power to exempt a doctor under certain conditions.

3054. Why?—The case I have referred to is one that I have in mind: the case where it is known to be a high class place, everything is satisfactory and it is known to be so, and it would not be desirable that our inspectors should go in there. There may be such cases.

3055. Do you not think it is possible that the better the type of Nursing Home the keener they would be to be inspected? They have nothing to lose and everything to gain?—There may be something in that. I took the view that some of these would be well known and it would be unnecessary to inspect them. They may change, of course, in character from time to time.

3056. The general trend of evidence we have had is that the better the class of Nursing Home the more anxious they are to be registered and inspected, and the people who are doubtful are people on the border line who are afraid of being inspected?—If that be the evidence I should be very glad to have all registered and inspected.

3057. Do you think that would meet with the approval of your Association—that all Nursing Homes of whatever class or description without exception should be registered and inspected?—We should not object to that at all.



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[Continued.]

3058. You think it might be a good thing?—Yes. I think partly why we came to the view that there might be some exemptions was that we were told that the medical profession considered they had certain powers of supervision and control that rendered inspection by the local authority unnecessary. We did not know to what extent evidence on

those lines would affect your minds, but if it did we would agree that some of these might be exempted from inspection, but our general view would be that subject to anything of that kind all should be registered.

*Chairman.*

3059. Thank you, Sir William, for your evidence.

*(The witness withdrew.)*

Dr. ROBERT ARTHUR LYSTER, M.D., CH.B., B.Sc., D.P.H., called and examined.

*Chairman.*

3060. You are the County Medical Officer for Hampshire, are you not?—I am.

3061. And you are a member of the Public Health Committee of the County Councils Associations?—Yes.

3062. You do not appear for the County Councils Association, but for the Society of Medical Officers of Health?—That is so. The County Councils Association were aware that I was appearing for the Society of Medical Officers of Health, and I think they thought that I could probably represent them as well.

3063. You are generally of opinion, are you not, that there is a need for the registration of maternity homes and also for nursing homes?—I am.

3064. Why do you think that? What evidence or what demand do you find?—Every Medical Officer of Health is always receiving complaints, and he points out first the scarcity of nursing homes at a moderate price, and secondly the unsatisfactory character of some nursing homes at all prices.

3065. You have had those complaints made to you, have you?—Yes.

3066. Can you give me any specific instance that you can recall?—Yes, numerous instances of all classes, where the patients have been grossly neglected, left without adequate care in extreme need, that is after operations and so on, and also badly fed, and neglected in almost every conceivable way.

3067. These strictures would apply to maternity homes as well as to nursing homes?—Both.

3068. Equally bad?—Yes.

3069. Do you think yourself that it would be advisable for maternity homes to be registered as maternity homes, and for nursing homes to be registered as nursing homes, and that a nursing home should not take maternity cases, and a

maternity home should not take any other cases except maternity cases?—I think the application should be for registration as a nursing home or as a maternity home or for both.

3070. Do you think maternity homes would be able to carry on if they were confined to maternity cases, from a financial point of view?—Yes, I think so.

3071. It has been put to us that they would not have enough cases to make it pay?—It depends on the centre.

3072. And how many Homes there are, of course?—Yes. The competition is not very keen yet.

3073. I am rather glad to have that, because it was put to us quite strongly the other day that if we made a rule of that kind, that maternity homes should only take maternity cases and were not on any account to take medical or surgical cases, the effect would be that maternity homes would not be able to make the two ends meet?—I am suggesting that a Home should have the opportunity of registering as both.

3074. But I was taking the case where a Home was only registered as one or the other?—Yes, I think it is quite a practicable proposition.

3075. Not to have the double-barrelled arrangement?—Not of necessity.

3076. You would leave it optional?—Yes.

3077. If you leave it optional, you are going to have them taking both kinds of cases?—Yes, I have no objection if they are properly run. There is no real disadvantage; it depends on the organisation of the Home entirely.

3078. You are of opinion, I take it, that if one class is registered, the other class should be registered?—Yes.

3079. Now of course we have cases where maternity homes only are registered under a special Act of Parliament



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[Continued.]

by the town or borough and where nursing homes are not registered?—Yes.

3080. The effect being that if registration is refused as a maternity home, they become medical and surgical nursing homes?—That can be easily imagined.

3081. Have you anything else you would like to tell us about complaints specifically against nursing homes, except those general ones. For instance, you have not said anything about the nursing. Have you any experience of the nature of the nursing? Do you find that patients complain about that—that that is a matter on which you get complaints?—Yes, I think the complaints amount really either to wilful neglect or ignorance. The fact remains that the amount of nursing that some patients get in some Homes is thoroughly unsatisfactory.

3082. Do you think a patient knows when he is well nursed or badly nursed?—I think they have a very definite impression when they come out.

3083. Have you anything to say with regard to the buildings?—The buildings are often thoroughly unsatisfactory. Some nursing homes are carried on in the best conditions that are possible in unsatisfactory surroundings; that is, they make the best of their surroundings, but the surroundings prevent it ever being satisfactory. They are doing their best; in some cases they are very highly skilled nurses, but there is nothing to prevent them starting where they like, and the result is unsatisfactory.

3084. Now I come to the point of nursing homes run by medical gentlemen. Do you think that ought to be allowed?—Not as a business of a nursing home. I do not see why there should be any exception at all. I think it would probably be wise to make exception for the medical practitioner who, in his private house, has say up to three patients.

3085. Would you give him exemption?—I should feel inclined to.

3086. Exemption from inspection or exemption from registration?—From both. My experience is that these Homes, as you might call them, on a very small scale, are run extremely well.

3087. When a doctor runs them?—Where the doctor is in practice and has one, two or three resident patients. My experience is that those are done extremely well.

3088. What is the distinction you draw between a nursing home run by a doctor, such as you describe, where he takes three patients, and a nursing home run by a thoroughly well qualified nurse who has been a sister in a General Hospital? Why should she not be exempt?—She is capable, of course; but one is the pure business of a nursing home and the other is not. Also one is under resident medical supervision and the other is not.

3089. The doctor takes in the patients not for the love of the thing, but for the purpose of gain, and the nurse does exactly the same thing. I see no distinction?—There is no distinction so far as the actual nursing goes, but the nursing home should be and probably is, under some medical supervision from outside, and that may not be satisfactory; it may not exist.

3090. What medical supervision could it be under except a voluntary medical supervision by some doctor who is in with the nurse who is running it?—I am supposing that all these cases in any nursing home, a doctor's home or a nurse's nursing home, will be under medical care of some kind.

3091. You are taking a case where we are registering them, you are assuming they are registered?—Yes.

3092. Then you assume, of course, that they will be under proper inspection?—Yes.

3093. I was not talking about that; I was talking more about the existing state of affairs. There is no distinction in so far as purposes of gain are concerned, between a medical man running a nursing home with three beds, and a qualified nurse running a nursing home with three beds?—The great distinction is that in the one case there is resident medical supervision and in the other case there is not.

3094. Now how about inspection?—Who should do the inspection, if they are registered?—The actual inspection should be entirely under the Medical Officer of Health.

3095. Should he have any assistance from the nursing point of view?—It would be within his discretion, of course. All Medical Officers of County Boroughs and County Councils have considerable nursing staffs, and of course the M.O.H. would take full advantage of those to the extent to which he considered it necessary.

3096. You say that powers of entry and inspection should be limited to qualified



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medical practitioners?—Yes. My Society consider that that is most desirable.

3097. That means he would only take a nurse as a kind of assistant. Would she do any inspection?—She could go round with him if he thought it desirable.

Dr. Vernon Davies.

3098. I would like to refer back to your exemption of medical men. Why should you put your medical man in a particular class by himself?—A medical man with up to three patients; because that is not being run as the business of a nursing home.

3099. But he is running it for gain?—Yes.

3100. That does not matter; the principle is whether he is earning his living that way partly?—I should be prepared to extend the principle that I am suggesting indefinitely. That is, where there was a resident medical man on the premises, I should feel inclined to free it from registration and inspection.

3101. We have had more than one case of patients with medical men where there have been the most gross abuses?—If there is evidence of that kind, I am quite prepared to withdraw my suggestion of that. I have not met any instances of that kind.

3102. Although we are both members of an honourable profession, we have to recognise that they are not all honourable men?—That applies to every community.

3103. And it is quite possible that certain doctors may take cases in and treat them unsatisfactorily, or ill-treat them or starve them, and simply regard the patient as a means of making money?—Yes, that is possible.

3104. Therefore those are the very class of cases that should be investigated and inspected?—Yes; I do not think there would be any hardship or any real opposition from the best class of medical men who take patients, to be registered and inspected.

3105. All the opposition would come from those who do not want it?—I should not like to say all of it, but most of it.

3106. It would come from those who are only taking one patient just to help keep the pot boiling. The medical man probably is not very well off; he has taken this case to help to make a living, and naturally he is only getting a small fee—as they very often do—and he has got to make money out of the patient in

some way or other; he may do it by insufficient food?—My experience has been in the opposite direction. My experience has been that medical men taking resident patients do not take them for small fees.

3107. Not as a rule, but in certain cases they do, where they cannot get a big fee; and of course the same thing would apply to nurses or midwives who may take a case in?—Yes.

3108. The point I want to make is that there is no just reason, if nursing homes are to be inspected, why any exemption should be given to any class, medical men or nurses or anybody else: that they should all be inspected and all registered?—I agree.

3109. You think that is quite a sound idea?—I do.

3110. You think the County Council and County Borough Council should be the registering and inspecting authority?—Yes, I do.

3111. Did you hear the evidence of the last witness?—Yes, to some extent. I had very great difficulty in hearing what he was saying.

3112. He was inclined to think that he would not confine it to the County Council or the County Borough as such, but he would include any County Boroughs of a certain population?—That would bring very serious difficulties of working, because of the Midwives Act, and I think it would be very undesirable.

3113. So you would prefer to keep it to the Counties?—I think so.

3114. You would not allow it to be a local sanitary authority?—No. My experience is exactly in accordance with the point that you raised with the previous witness, and that is that local jealousies and interests become so very strong in the smaller authorities that you would get possibilities of injustice if you gave the power to the smaller authorities, whereas with large bodies like County Councils you are usually quite free from that.

3115. That is speaking generally?—Speaking generally.

3116. The County Medical Officer at any rate should be the officer in charge?—Yes.

3117. And you would give him the power to depute his work amongst his staff?—Yes, amongst his medical staff.

3118. Would you limit it to the medical staff?—I should.



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3119. What about the nursing arrangements?—The member of the medical staff could take one of the nursing staff with him to the inspection, but the inspection should be carried out by a member of the medical staff.

3120. Do you think the majority of Doctors are competent to go into a Nursing Home and say if the nursing has been properly done, if there are sufficient sheets and pillows, if the food is properly prepared, and if the general arrangements of the Nursing Home and of the nursing of the patients are carried out from the highest standard from the nursing view?—Do you think the majority of Doctors are capable of forming an opinion?—I think the majority of Doctors who occupy public appointments are.

3121. Why? What advantage does the public appointment give them?—They are selected Doctors, to begin with.

3122. Does that help them to judge of nursing?—All men who enter the public service now have had a considerable amount of institutional experience.

3123. But they do not nurse?—They do not nurse, but they supervise nurses.

3124. They supervise nurses, it is true, but that is quite a different thing. They would know if a nurse was getting on satisfactorily; they would not know all the details of bed sheets, bed pans, and all the rest of it, and whether all those things had been done as they should be done. I was in hospital too, and I would not like to say I am competent to judge a Nursing Home from a nursing point of view?—But if it were put upon you as a detail of inspection I think you would carry it out all right.

3125. You would have to learn it?—A man who has been a resident?

3126. Yes; at least that is my opinion. I want your view about it?—I should be rather surprised to find an able man who had been a resident who was not capable of recognising a well run institution almost at a glance.

3127. That is not quite what I want. Let me put it in this way. I will take myself as an ordinary hospital man and all the rest of it. I would go into a Nursing Home, and I would go into a certain room with a patient, and I would see certain things and I would form a certain impression; and a trained nurse, a sister, would go in with me and she would form certain definite impressions, and the

probabilities are that the two impressions would not coincide in all points. She would see something that hit her in the eye, which I would not notice, and I should see something which she would not notice?—I think that would apply to any two people going into an institution.

3128. My point is this. In that case do you not think it would be advisable that inspections should be done by the medical man and the nurse?—Not compulsorily; it would depend. If I were a medical officer and I had had very little institutional experience I should certainly go round with one of my best nurses. Then from her, if I had not already the necessary amount of knowledge, I should soon acquire it.

3129. You think your institutional training would be sufficient?—I think so.

3130. What about the sanitary inspection?—There again it would depend upon the institution.

3131. I want to know who is to do the inspection?—Primarily one of the medical officers. If he felt doubtful at all about the sanitary arrangements and he felt that he was not competent (I cannot imagine such a man now, but it is possible), he would go round with probably one of his sanitary inspectors.

3132. Would it meet with your approval if we said that the inspecting authority had to be the County Medical Officer of Health, who might be accompanied by a trained nurse of his staff and a sanitary inspector, at his discretion?—He might be accompanied by any members of his staff at his discretion, I should prefer it to be put.

3133. But you would not make it compulsory?—No; I think that would be most unfortunate.

3134. There has been very definite evidence before us about the necessity that a trained nurse should do a part of the inspecting?—I can imagine that, but I think it would be a very bad matter to introduce into public health administration. It would interfere with the discipline of the staff and so on.

3135. Who inspects your Maternity Nursing Homes, who inspects your Midwives?—The Medical Officer of Health, often through a member of his staff, but not compulsorily so.

3136. But in 19 cases out of 20 if you get a case of puerperal fever, you send your nurse, do you not; you do not send a doctor?—Oh, yes, we do. I should



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imagine in the majority of cases the inspector of midwives is a qualified practitioner. I should not like to say definitely, but I think that is so in the majority of cases.

3137. In my experience I have known that they have sent down midwives.—There are many local authorities, County Councils and County Boroughs, I have no doubt, who have inspectors of midwives, who are merely midwives.

3138. And she has reported to the Medical Officer of Health, and the medical officer has never gone down?—That is true. He cannot do everything himself.

3139. So why should this happen at the Nursing Home?—At his discretion I say any member of his staff should go and report to him.

3140. But you would leave it absolutely to his discretion?—Yes.

3141. If he took the view that he was competent to inspect the whole Nursing Home from top to bottom you would say let him do so?—Yes, certainly.

3142. With regard to the position of Nurses, do you approve of having untrained Nurses in Nursing Homes?—It would depend upon the size. You mean as probationers perhaps?

3143. No; there are certain Nurses who are not fully trained; they are not fully registered Nurses. Perhaps they have had fever training, or mental training, or children training, but they have been in Nursing Homes for years and years—women getting on for middle age or older. Would you allow those to keep on nursing or would you have nursing done absolutely by fully trained nurses?—That is what I should aim at. It would be difficult to insist on that at the beginning, and, I think, perhaps unwise.

3144. How would you get over it?—By fixing a date.

3145. Should you say that after such and such a date, to be named, no nurse should be competent to be a nurse in a Nursing Home unless she was fully trained?—Yes, or had been in a Nursing Home for a certain number of years at that date.

3146. Of course, you could not wipe out the present ones?—That is so. People who are running a satisfactory nursing institution at the present time, I think, should go on with their practice.

3147. You think it absolutely necessary that these Nursing Homes should be registered?—I am convinced that you

will never get a general improvement without it.

#### Major Price.

3148. Do you know at all what is the demand in your district for Nursing Homes?—There is a very large demand for moderate price Nursing Homes. If I were trying to interpret public opinion, as far as my experience goes, I should say there was a very big demand for the provision of Nursing Homes to be regarded as a public health matter, and there seems to be a general opinion that there should be an obligation upon the big public authorities, first of all to maintain their quality in the way of inspection and registration, and secondly, if they find after investigation that there is a serious deficiency, to provide it.

3149. How is the demand met in your locality now? Is it sufficiently met?—There is a very serious deficiency everywhere.

3150. Would that serious deficiency be increased as the prices decrease? You might have plenty of Nursing Homes at 15 guineas a week and very few at three guineas a week or two guineas a week?—Of course, there is no real deficiency for people with almost unlimited means, but there is a very serious deficiency for people of the class who will not use the poor law infirmary and have no opportunity of getting into a voluntary hospital.

3151. With regard to the inspection that Dr. Davies has been questioning you about, is your view that the Medical Officer of Health should be the responsible inspector, but that he should have the right, as every Medical Officer of Health has, and every public official has, to call in such assistance as he may want in any particular case, whether it is a sanitary inspector or a nurse or anybody else?—That is exactly how I should put it.

3152. That he would be the responsible official to be named in the Act?—Yes.

#### Mr. Hurst.

3153. Is your association in touch with the Ministry of Health?—Yes.

3154. You said that you have never reported deficiencies in nursing homes to the Ministry of Health. They allege that they have had no reports at all about the need for registering nursing homes?—It is not a power or a duty of any local authority to be concerned in



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the provision of nursing homes. A Medical Officer of Health has really quite enough to do in reporting upon the powers and duties already placed upon the authorities.

3155. I am not blaming you, but it is put up as a sort of pretext by the Ministry of Health for their indifference on this question, that they have never had reports made to them that there has been any desire for registration?—For men working in a central Government department, I think that is a quite reasonable thing for them to say, but those who are working with the public outside have quite different views.

3156. Your view—and I imagine that it is a correct one—is that your experience entitles you to speak with much more authority than the Ministry of Health as to the general need for registration?—I think I represent a body more intimately in contact with the public.

3157. Can you suggest any reason at all why a competent doctor who has two or three patients in his home as a nursing home, should object to having a brass plate with “Nursing Home” on it, outside his door? Is there any reason why he should object to be registered at all?—No. On thinking the matter out, I think there is no real reason, but I should expect a large number of these men to object at the beginning.

3158. In your view, they would have no valid grounds for objecting?—I think not.

3159. Assuming that you are perfectly right, as I myself think you are right, in saying that we must look forward to a time when all the nurses in a nursing home are trained nurses, of course it does involve, does it not, hardship on those nursing homes that charge low fees and cater for a poor class of patients?—Yes, I think the provision of a lot of moderate fee nursing homes will have to be, in the very near future, a burden on the local authorities.

3160. Do you think it is feasible to have a classification on the register of two classes of nursing homes, one where all the nurses are trained nurses, and the other where perhaps the matron and a certain percentage of the nurses are trained nurses, but the others are untrained? Do you think that is a feasible suggestion, so that if a person went to a Class 1 Nursing Home he would know

that all the nurses were trained, and if he went to a Class 2 Nursing Home he would know what to expect—that there were only a certain number of them trained? Do you think that is a feasible solution?—No, I should rather hesitate to recommend two classes of nursing homes. I should feel inclined to give some concession in a large nursing home to some small proportion of the staff not necessarily being trained, just as at a hospital you have probationers.

3161. It is as often as not the small nursing home where you have a large percentage of untrained nurses?—That is very often so.

3162. So I do not think your point would quite meet that difficulty?—No, I am afraid I could not say anything in favour of the continuation of the small nursing institution with practically no one qualified.

3163. You would wish to avoid a hardship, if possible?—In every possible way. It would be a calamity if any legislation were passed which seriously reduced the number of nursing homes in existence. That would be quite a calamity.

3164. Do you think it would be sufficient safeguard to the public and at the same time would have sufficient regard to vested interests, if in nursing homes of that type there was a provision that until a certain year it would be sufficient if the matron was a trained nurse? Would that be on the one hand sufficient protection to the public, and on the other sufficient safeguard to those who are at present doing this work?—I think it would be reasonable for a certain number of years, but I would not allow only one in any cases, because there have to be absences of one and I think there must be a qualified deputy.

3165. Assuming that the conditions were varied very much between that lower grade of nursing home and a normal nursing home do you think it would inflict an injustice on anybody that there was a dual classification of nursing homes—I do not like the idea of two classes.

3166. I am asking why? It is only an idea of mine, but it seems to me that the conditions are so very different in a nursing home where the fees enable the owner to have a qualified nurse and staff entirely composed of trained nurses, and a low price nursing home where, if it is to continue to exist, you cannot expect the same standard; and yet at the same time, if you are going to attach value



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to the registration of nursing homes, you cannot put the two types exactly *in pari materia*. That is only how it seems to me?—I quite see the reasons. It simply sounds to me objectionable to have anything connected with the Public Health classified as second-rate. It is just the principle; I quite see the practicable advantages of what you suggest.

3167. Have you got trained nurses on your staff?—Yes.

3168. About how many?—About 30.

3169. How many doctors have you on your staff?—14 or 15.

3170. Hampshire being a big area, assuming that you had a nursing home somewhere within the area which you imagined to be well conducted, in a case like that would you not feel justified in sending a nurse only, in many cases, assuming there was one yearly inspection?—I think it would be better to send one of the medical staff. My experience is that when an inspection is carried out by an Officer of exactly the same grade and training as the person inspected, there is much more difficulty than if you send one obviously superior officer.

3171. I suppose Bournemouth has a good many?—Bournemouth is just outside my area. It is a County Borough.

3172. Are there many nursing homes in Hampshire outside the County Boroughs?—I have never numbered them, but there are quite a considerable number.

*Chairman.*

3173. Just one further question. With regard to the question of deficiency of nursing home accommodation in Hampshire, how do you know there is this deficiency? Is it that doctors advise patients to go to a nursing home and then it is found that there is no accommodation for them; or what leads you to suppose that there is this deficiency?—The deficiency is shown at the present time, I think, largely by

the long waiting lists and the rapidity with which patients have to go into voluntary hospitals. A great number of those cases would be very glad to go into nursing homes, but there are no nursing homes within their means.

3174. That means also that there is a deficiency of accommodation in the voluntary hospitals?—Yes, very serious deficiency.

3175. Would the difficulty be met if there was greater accommodation in the voluntary hospitals?—Yes, that would relieve the situation.

3176. Would that not be a very much more economical way of doing it than setting up a series of Municipally run nursing homes all over the country, and a much more satisfactory way of doing it?—It would be quite satisfactory, but my experience of running Municipal and National responsibilities through voluntary hospitals is not that it is an economical measure.

3177. Nobody has yet tried a series of Municipal Nursing Homes?—The Hampshire County Council has done a considerable amount of work to provide maternity accommodation through a voluntary hospital, and it has worked a good deal of its Venereal Diseases Scheme through voluntary hospitals, but I cannot say that my experience is that that has represented any saving over a scheme of running it themselves.

3178. We are getting into very deep water now about this. As to these cases who do not find places in voluntary hospitals, are there a good many which are merely senile decay cases?—No.

3179. You are not talking of that type of case at all?—No, I am talking about urgent cases, cases who would be likely to gain permanent improvement if they can get the proper treatment.

*Chairman.*] Thank you very much; we are much obliged to you for your evidence.

(The witness withdrew.)

Miss I. E. BARBIER, M.B.E., R.R.C., called and examined.

*Chairman.*

3180. Would you like to give your evidence in public?—I want to give as much as possible in public.

3181. First of all you say: "The evidence I propose giving would bear on

the following points." Then the first is: "The serious amount of overlapping of general Nursing Homes with Maternity Homes." Will you develop that?—I thought that perhaps insufficient evidence had been given on that point so I collected a little information. In the



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London area I wrote to 135 general Nursing Homes and I received 131 replies; of those 108 take in maternity cases; those are general surgical and medical Homes. I also wrote in the Nottingham district to 11, and 11 replied. Out of those nine take in maternity cases. I wrote also to the Guildford and district area to 12 and 8 replied. Of those six take in maternity cases. So it seems really that most general Nursing Homes take in maternity cases.

3182. Do you think it would be better for us to suggest that those should be separate and that Maternity Homes should only take maternity cases?—What I mean by this is that if it is thought important that Maternity Homes should be registered it is equally important that general Nursing Homes should be registered.

3183. Would you allow every kind of Nursing Home to take maternity cases as well as medical and surgical cases?—I would have no objection provided they were properly managed.

3184. There is no objection in your mind to a nursing and surgical home taking in a maternity case when it wants to, and *vice versa*?—No, provided it is both registered and inspected.

3185. Then your second point is: "The unsuitability of a medical man or woman as the inspecting officer of Nursing Homes from a nursing point of view—the inspecting of the nursing, I gather, being the main purport of the Bill." I do not admit that the inspecting of nursing is the main purpose of the Bill; it is only one of the purposes of the Bill. However, will you develop that?—The main reason is that doctoring is not nursing, and I do not think any amount of talking would make doctoring nursing. I think the nurse is the only person with the requisite knowledge for inspecting a Nursing Home from the nursing point of view.

3186. The medical man is only to come in and look at a patient and advise about the patient's health?—I do not think a medical man is a fit person in any case; the medical man has his own patient to look after, and presumably he is fit to do that medically, but is not fit to look after the nursing of other patients.

3187. You do not mind a medical man coming into the home to look after his patients, but you do not want him to come and inspect the home?—The Nursing Home as such. He has not got the

knowledge. In my experience I have never met a medical man who was in active work who considered himself capable of inspecting a Nursing Home. He relies on the nurses; if he sends a person into a Nursing Home with his own private nurse he generally asks her what she thinks about it.

3188. That is to say, if he sends his own private Nurse to a Home he used his own private Nurse as a spy on the Home?—If you like to put it that way. He has not got the knowledge to ascertain for himself if the patient is in proper surroundings. Then again historically the evidence goes to show that the medical man is useless from that point of view; for instance, Florence Nightingale did not go to the Crimea to inspect the doctoring; she had to see that the nursing was put right. Again, during the late war, the Matron-in-Chief's duties were mainly inspecting. For five years she spent her life inspecting hospitals.

3189. What do you think of inspecting being the duty of the local authority?—I have no use for the local authority in that matter.

3190. Who is going to do the inspecting?—I think the proper authority should be the Ministry of Health. At the Ministry of Health there should be a body of nurses who are competent to do this work.

3191. What would you do with them; would you send them all round the country?—I do not know exactly what you mean by that.

3192. Somebody has got to go and inspect a Nursing Home; let us say in Hampshire for the sake of argument. Is the Ministry of Health to send down one of its staff to inspect that home?—Certainly. There should be a chief nurse there who would be responsible for the Inspectors that are sent round, just as it was during the war, and just as it is now in the Army.

3193. You want it centralised in London?—Yes, it must be centralised.

3194. Centralised at the Ministry of Health?—Yes.

3195. The local authority has nothing whatever to do with it?—No, I think there would be constant friction.

3196. Is every Nursing Home in the country to be registered at the Ministry of Health?—Yes, if it is to be inspected by them it must be registered there. I only want to emphasise that the doctor is of no use at this.



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3197. But this is going further than emphasising that the doctor is of no use, because you are now saying that the local authority is of no use. It seems to me that we shall be nurse-ridden before we know where we are.—I also feel that Nursing Homes would not be in the condition in which they are to-day if the doctors were to be competent inspectors. I can give you some awful examples proving they are not.

3198. Have you ever known a doctor who is attending a case in a Nursing Home make any observation on the conduct of the Nursing Home to the woman, whoever she is, who is running the Nursing Home?—To the head of the home; no, I cannot say I have.

3199. Do you think he would be justified in doing so if he saw anything wrong?—I certainly think he would; I should think it would be welcome.

3200. What would happen if you were running a Nursing Home and if a doctor said something to you about the way in which you were carrying on the home?—I should like it very much, but it has not happened to me. My experience is that if they are dissatisfied then they no longer send their patients there, and that is about all.

3201. That is what they tell me. Then your third point is this: "The blot on the profession and the country generally in the conditions prevailing in the majority of Nursing Homes, from my own experience and from hearsay, as regards nursing, staff, accommodation and sanitary arrangements." Would you like to expand that?—I can give you lots of examples of that; for instance, I know of a patient in a Nursing Home who was suffering from both heart and kidney disease. She was in a little room; she had nothing but a little hospital bed 6 ft. by 3 ft. 6 ins. There was just one window in the room; there were two doors, one leading straight out into the operating theatre and the other into the corridor; there was one chair in the room, and you could not put more, and there was a sort of gas pipe for heating purposes. You could not make this bed without taking the chair out of the room and putting it in the corridor, and then pulling the bed first to one side and then pulling it to the other. I have never seen such bed sores in my life as this patient had.

3202. Was this in London?—Just outside London. Shortly afterwards she died. I was speaking to a medical man

who had a case there, and I asked him if he did not think it was an awful state of affairs, and that a patient could not be nursed in so small a room adequately, and his reply to me was: "Well, I had a patient suffering from gall stones there and she did remarkably well." He therefore could not have had any notion of what his particular patient had to put up with from the nursing point of view.

3203. Is it not rather remarkable that the doctors who attend these cases have not told us a good deal more about these abuses that exist in the Nursing Homes?—They do not appear to have had much knowledge; they do not appear to have been in Nursing Homes.

3204. They must see the condition of the patients when they visit them?—The only doctor that I have heard giving evidence here who knew anything about it at all was a doctor in active practice. I have forgotten his name, but he really did give good evidence; but the others did not; they were not in active practice and had not the requisite knowledge.

3205. Would you like to tell us anything more about the conditions prevailing in Nursing Homes?—I should like to tell you that that woman that I referred to was paying six guineas a week plus all her extras at this small Home.

3206. Is that the woman who died?—Yes.

3207. She was paying six guineas a week?—She was paying six guineas a week for this tiny little room, plus extras. Another case I can tell you about is a woman who had been operated on for glaucoma. I was speaking to the matron about different cases in her home, and she said to me, to use her own expression, that this woman was "batchy"; she meant that she was mentally affected after her operation. I said: "What do you do in such cases"? She simply replied: "We just lock her in." That woman was locked in her room and she was left to suffer like that. I think if the doctor had known anything about nursing he would have ascertained that that woman was being improperly looked after. Then I know another case, a little niece of mine who was operated on in a Nursing Home in Kensington. She was operated on for tonsils and adenoids, and she was left alone all night after her operation crying for her mother. There was no means of getting anybody, because half the time there is nobody on night duty in these Homes, and it ended



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by the patient in the next room having to get up and sit with this child of five years old. Then there is another case; this is not in my own experience, but it was reported to me by a matron who is a fully qualified woman, a masseuse and a midwife. She was nursing in a Nursing Home in London and was specialising a very severe abdominal case. There was nobody on night duty at all but an untrained woman, and she said to her: "If I am wanted in the night call me, because this man is very seriously ill." Apparently during the night the patient said to this untrained woman: "I feel very ill; I have something wrong with my dressing," and the woman replied: "You will be all right in the morning if you will wait a little." Again he said he thought it was slipping and would she send for the doctor. Then the girl replied: "We never send for the doctor at night; you will be all right in the morning;" and in the morning he was dead; he had had no attention at all.

Dr. Vernon Davies.

3208. What had happened?—Probably hemorrhage; I do not know.

Mr. Hurst.

3209. What are you Registrar of? I see you sign yourself "Registrar."?—I am Registrar of the College of Nursing, but I am not speaking as such.

3210. Have you considered what the conditions of registration should be? What are the conditions which in your view the law ought to impose upon Nursing Homes as a condition precedent to being registered, with regard, for instance, to the number of trained nurses?—With regard to whether nurses should be trained, or the number?

3211. Before you put a Nursing Home on the Register the idea is that certain conditions should be fulfilled?—Certainly.

3212. With regard to the numbers of trained nurses; what would you suggest as being a proper condition to impose as to the proportion of trained nurses employed in a Nursing Home?—The proportion, you have said now.

3213. Or the number. Take a nursing home with a staff of 10?—Patients cannot be adequately nursed unless you put one nurse to two patients, and she should never have more than three, even in relief hours; that is in the ordinary average house in London.

3214. Of those nurses in the nursing home, how many would you insist by law on being trained nurses?—Every one of them.

3215. Would you make that a universal rule from the start, from the first day?—Do you mean with regard to this Act?

3216. Yes, of course.

3217. I do not suppose it would be possible to turn out all the untrained nurses at once. You must remember, for instance, there is a Home in the West of London that hardly employs one trained nurse; they are untrained women. Some are simply maternity nurses, some wholly untrained, and they nurse acute abdominal cases.

3218. It is because such conditions exist that I am asking you this question?—I say that from a certain date it would have to be so regulated. You might say from this date, no other nurses should be employed but fully trained nurses, and those that are there, I suppose, must be allowed to die a natural death. We should have to have a time limit.

3219. And after a certain time limit you would make it a rule that not only the matron, but the other nurses, should be trained nurses?—Every nurse should be a trained nurse, whatever type of case she is nursing.

3220. Have you considered a Nursing Home which caters for the poorer classes?—Yes, I know a great deal about them.

3221. Is it an economical possibility for such a Home to carry on with the present scale of fees, if every nurse was a trained nurse?—I can answer your question in this way: that the nursing homes that have the highest fees are very often those that employ untrained women, and then even send those untrained women out to private cases.

3222. With all respect, that does not answer my question at all, because I am assuming that, in the case of the more expensive nursing homes, there is no reason why all nurses should not be fully trained. But I am asking about the cases of the low price nursing homes. There it may be economically a difficulty, may it not?—No, because I think you would find that the salary of the nurses is not the heaviest item.

3223. It would make a considerable difference in cost, would it not, having a staff entirely consisting of trained nurses?—No, because nowadays you see



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very often V.A.D.'s and such people are paid the same amount as trained nurses.

3224. In your view the cost of having that condition enforced would not make any material difference?—No.

3225. How long do you think would be a fair time to give rope to existing nursing homes which do not fulfil the requirement of having all the nurses trained?—I do not think I am in a position to answer that straightaway; I should leave it to my association to discuss.

3226. You personally have no special view on it?—I have not thought about it.

3227. Do you know anything about the Ministry of Health?—Yes.

3228. Do you really think the Ministry of Health is a fit body?—No, not as they are now, I do not. There is no nursing body there, and I think there should be one.

3229. You think there is a good time coming, do you?—I hope so.

#### Major Price.

3230. What is your view as to the existing supply of nurses to meet the altered circumstances if the Act was brought into force, and a clause was put in it to the effect that you have suggested as to the number of trained nurses?—I do not think I understand your question.

3231. You have suggested that there should be one nurse to two patients?—I said that in the average London house.

3232. What is your opinion as to the existing supply of nurses to meet a demand of that kind?—It is rather difficult to answer that question straight away, but in those nursing homes, for instance, which employ untrained women, which I presume have been referred to as the lower type of nursing homes—there are quite a number of women who are past acute work, who could do that type of nursing and could be employed in these homes.

3233. Trained nurses?—Yes. Quite a lot come to me now in my official capacity, who are fully trained nurses, who cannot do acute work, but who could still work if they could be given chronic cases to nurse. These nursing homes do not take them.

3234. Are there a number of trained nurses now out of work?—Yes, quite a lot. A doctor advertised the other day for a nurse as a secretary, and has had over two hundred replies.

3235. There might be more demand for secretaries' jobs than for nursing jobs?—Still, it means that there were two hundred who replied.

3236. They may want to better themselves. What is your view with regard to the charge that should be made to ensure adequate nursing?—I have worked that out many a time, and I have found that by definite calculation of all questions of fees and upkeep of the house and all that sort of thing, the cost of a patient was 5 guineas or £5, but that is some years ago. I do not think any patient could be nursed adequately under £5. It depends on the locality and so forth.

3237. Do you think any patient could be adequately nursed for £2?—No, I decidedly do not.

3238. Not in any locality.—No.

#### Dr. Vernon Davies.

3239. When you were speaking with regard to the proportion of trained and untrained nurses, or fully trained and partially trained nurses, you spoke of this London home where they are practically all untrained nurses?—Yes, I have a report here about it.

3240. Do you think in a high-class home, charging a high fee, they should be allowed any untrained nurses?—No, I do not think that any type of home whatsoever should have untrained nurses.

3241. That is the ideal, but I mean at the present time?—Certainly those that charge high fees should not have untrained women. You see, I cannot enter into your mind at all; I do not think that anywhere there should be untrained women nursing the sick.

3242. That is the ideal to be hoped for, but we have to recognise that at the present time there are such women and we cannot turn them out. Do you think it would be feasible if a Bill were brought in that nursing homes charging above a certain fee should be compelled to employ only fully trained nurses?—It is feasible in a sense, but I do not think that is the right way to put it. I think naturally those who charge high fees ought not to be allowed to employ untrained women, but I am considering it from the point of view of sickness, and I do not think that any type of sick person should have to submit to the care of untrained people. Therefore the thing to go to would be perhaps the proportion.



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3243. We have to have them at the present time. What proportion would you allow of trained to untrained nurses?—That is rather a hard question to answer generally. It would depend upon a number of things.

3244. You are allowing two patients per nurse, so with a home with twenty patients you are running ten nurses. How many of those ten nurses should be trained and how many should be untrained, roughly?—It is a difficult thing to tie oneself down.

3245. Half and half?—No, certainly not; the least possible. I cannot give you a general answer to that. I should have to go to that Home and see what the conditions were and see how those untrained people could be employed, and if I could reduce them to two, I should say: “Very well, those two must not be employed at all for nursing purposes.” I should eliminate them as far as it was absolutely possible to do. I do not think it is possible to answer your question in a general way.

3246. Do you think that the class of work that is being done at the Home might affect the proportion? Take the nursing home that does the purest high-class surgical work; you would want a higher proportion of trained nurses there than you would want in a nursing home taking chronic cases, would you not?—I do not agree with you there.

3247. You believe that a chronic case requires as expert a nurse as a surgical case?—Yes, I think it requires the highest type of nurse, and I think you will find it is very often only the highest type of trained nurse who undertake to do it.

3248. I have heard that said before, but you are entitled to your opinion. You say there is no difference in wages between the trained and the untrained nurse?—I do not say generally, but you find in these nursing homes that employ untrained nurses that very often the salary that they pay to them is equal to that paid to a staff nurse coming from a hospital.

3249. A hospital pays very badly?—Let us say £60. You will find that an untrained woman will be paid frequently £50, £55, and even £60.

3250. In a nursing home?—Yes.

3251. What will the trained nurse get?—The staff nurse is supposed to get £60 when she comes from the hospital,

but they can get more, of course; they get £70 and so on.

3252. They do as a rule, do they not?—They should do.

3253. Take the advertisements in the nursing papers. The salaries offered are higher than that, are they not?—No, I do not think they are. I think you will find that £60 is the average offered to a nurse going to an average nursing home.

3254. For a fully trained nurse?—Yes.

3255. The difference in wages really between the different classes of nurses is not very great?—It should be, but what I am trying to show is that in some Homes it is not so.

3256. In the majority of Homes at present?—It should be.

3257. So that the wages question really could not make very much difference to the cost of running the Home?—No.

3258. Therefore there is all the more reason why they should employ only trained nurses?—Yes.

3259. Because the amount of money that they are saving on wages by employing untrained nurses is not a very great amount in the running of a Home?—No, and you will find that in the very best nursing homes, those that do pay adequately their nursing staff, that is not the heaviest item on their balance sheet. I can tell you of one place where their nurses get from £70 to £150, and that is not the heaviest item on their balance sheet. Linen and laundry comes first, as it should do.

3260. In running a nursing home, the wages point of view is not of very great importance?—No.

3261. The extra £10 or £15 to a nurse does not make very much difference?—No.

3262. You said something about nurses being out of work. Do you quite believe that?—What I said was that there are a considerable number of nurses who are past acute work, who would be quite fitted to nurse in chronic homes, where patients suffering from chronic diseases are being nursed, provided the conditions there were satisfactory—which they are not.

3263. Do you never hear—you must hear—of the great difficulty that Nursing Homes have in getting competent nurses?—But then it is the conditions which they offer.

3264. In what way?—I would like to read you some of the opinions I have here; for instance, with regard to accom-



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modation. I had a letter from Edinburgh the other day from an exceedingly well-trained woman, one of the finest nurses I know. She had to sleep in the night nurse's bed, and when she went there again to sleep she found another nurse in her bed. They are not even sure that they have their own sheets; in fact, you will find that the highest praise a nurse can give to a Nursing Home is: "I get my own sheets." I have been in a Nursing Home where the accommodation for the nurses was simply a row of beds above a garage; there was absolutely nothing ordinarily civilised for them.

3265. I know of a fairly high-class home where the Matron has told me that she has the very greatest difficulty in getting competent nurses, and she pays a very high salary?—I think probably at the moment it is difficult to get the right type of nurse for a good class Nursing Home, but there are other causes that are the reason for that. For instance, after the war there was a very poor type of nurse that went in for nursing, and that is the type that is trained now, and it is difficult to get the right sort of woman for the type of high-class nursing which is required in a high-class Nursing Home; it is difficult to get the right type of character.

3266. You think there has been a lowering in the class of girl who has gone in for nursing?—Yes, decidedly. It always has its ups and downs.

3267. You definitely think that?—Yes, I think that is the reason they cannot get what they call the right type of nurses.

3268. Did you hear the evidence of the last witness?—Yes.

3269. He thought that the doctor was quite capable?—Yes; well, he is not.

3270. If I may say so, I am rather inclined to agree with you.—I fully agree with you; he has not the knowledge.

3271. But you would go further than I would, because you put the whole inspection in the hands of the nurse. I would not. I think a doctor has some use?—I do not quite see how the two could work together practically. The doctor is responsible for his own patient.

3272. I am not talking of the doctor who has a case, but I am talking of an inspecting doctor now?—But then you have so many doctors going into a Nursing Home. Why do you want to add an outside one—for what purpose?

3273. Because the doctors who are going into a Nursing Home simply go

there to look after their own patient, just the same as if they were attending them in a room in their private house?—What would the doctor do who was inspecting?

3274. It is rather to get a general idea of the way the Nursing Home is being carried on?—I cannot answer your question unless you put it so that I understand it.

3275. And, if I may say so, without offence, a doctor is perhaps a little more highly trained and a little more expert, and has a little more knowledge than the best trained nurse. The nurse's training is specialised, is it not?—I do not follow what the doctor would inspect.

*Chairman.*

3276. I think the witness' view is quite clear. She says there is nothing for a doctor to do in a nursing home except to look after his patients. That is your view, is it not?—He has his own patients to look after.

3277. Therefore there is no room for an inspecting Doctor. An inspecting Doctor is of no use in a Nursing Home. You said so; you told me so?—Yes; and I still say so.

*Dr. Vernon Davies.*

3278. The Inspector may be a trained Nurse?—Yes.

3279. Of what capacity or what standing?—For instance, the last witness said the Nurses on his staff would do. That is not the type of Nurses who would do for inspecting. It must be a woman who has requisite knowledge to do so, and who has experience of these things, such as a Matron or a Nurse who herself has been the head of a Nursing Home and understands what is required. A Public Health nurse has not necessarily the right experience.

3280. So you would limit your inspecting staff to Matrons of Hospitals or Nurses who have run their own Nursing Homes?—Yes, experienced women.

3281. Would you have a supply, do you think, for the country?—I should think so. After all the Matron in Chief in France inspected 200 units. It would not be such a tremendous staff that would be required to inspect the Nursing Homes.

*Chairman.*

3282. Is there anything else you want to tell us? Would you like the room



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cleared?—I have a very interesting report here: a Nursing Home in London; I think it carries out every point that has been questioned. It has come to me in my professional capacity, and I think it is better to give evidence about it in camera.

3283. Would you like to put it in or would you like to read it?—I do not think I can leave it.

3284. You do not want to put it in?—I do not think that I should do so.

(The Room was cleared and evidence was continued in private.)

(The witness withdrew.)

Tuesday, 15th June, 1926.

PRESENT :

Sir Cyril Cobb.  
Dr. Vernon Davies.

General Sir Richard Luce.  
Dr. Shiels.

SIR CYRIL COBB IN THE CHAIR.

Dr. FRANCIS W. UNDERHILL, F.R.C.S. (Edin.), called and examined.

Chairman.

3285. You have been in practice as a medical man for a great number of years I think?—Yes, I have.

3286. And you have been in the habit during the whole of the time you have been a medical man of receiving resident patients?—No, not for the whole time; for the last 40 years or something of that kind.

3287. What type of cases were you taking?—Chiefly mild medical cases; borderland cases, chiefly; I do not take in bad cases at all.

3288. How many cases do you take in your house at the same time?—I have seven now in the house, but you can hardly call them patients. Five of them are paying guests who have been with me for many years; in fact, they are personal friends now. I have really only got one that I could call a patient.

3289. Do they require any nursing?—They have nurse companions. I have two nurse companions in the house. Two of these patients are elderly ladies and they want taking out in bath-chairs and things of that kind.

3290. Do the nurse companions take them out in the bath chairs?—Yes, they do—mine do.

3291. Are these nurses qualified nurses, or are they only just people who call

themselves nurses?—Well, one certainly was not a qualified nurse. She has been in hospitals and things of that kind. In my time I have had plenty of qualified nurses during the whole 40 years. Then I take in occasional lunacy cases from the Commissioners.

3292. But these seven cases must want more attendants than your two companion nurses can give?—I have two old ladies who are rather troublesome. If one goes out in a bath chair the other will not go with them, or if she goes out in a bath chair, she will not go the same way; so I am obliged to have two nurses to go with the two people.

3293. What happens to the other five meanwhile? Do they not require any attention?—Those I have in my house, as I say, are paying guests; they go in and out just as they like.

3294. They do not want any nursing attention at all?—Not a bit. They come to the table with us. I have one old gentleman upstairs who is a ward in Chancery. He is the only one I call a patient that I have in the house at present.

3295. But you have had cases sent to you by the Board of Control I take it?—Yes, a great many.

3296. What kind of cases have you had—very mild cases always?—Very mild



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cases as a rule. Of course now and again we get trouble, but I have practically all mild cases.

3297. Have not they required attendants to look after them?—Yes.

3298. In each case do they have their own special attendant?—That depends on the circumstances and how bad they are. Sometimes one attendant would do for two.

3299. In that case you would engage an extra attendant?—Oh yes. I have had many qualified mental nurses and male attendants at different times.

3300. Does each of those patients have a separate bedroom?—Yes.

3301. You must keep a good-sized staff of domestic servants?—I have to have four, with assistants, I am sorry to say.

3302. Do they all have their meals together?—Practically all, yes—all except this one gentleman I was speaking of now, who is a little queer in his head. He has his own room and, by-the-bye, I have a friend of mine, a retired officer, who is living with me in the house and he looks after this gentleman. He takes him round the garden and takes him out for walks and things of that kind.

3303. How do these patients regard themselves—as being in a private hospital more or less?—Well, they are personal friends now; they are not in an hotel or anything of the kind.

3304. I am coming to the point as to how far they would resent, as you say in your paper, any interference in their affairs?—I mean they would not like their private affairs looked into; that is all.

3305. If we had registration of nursing homes, and if doctors' houses were included in nursing homes, how do you think there would be an interference with the private affairs of these patients?—Of course I do not know what you intend to do; I do not know how far you intend to go. If you simply visit a house and so on, as the Commissioners in Lunacy do, I do not mind a bit, but if there is a kind of inquisition into how much they pay and things of that kind, it seems rather hard lines on them.

3306. But if there is only an inquisition into how they are housed, how they are fed, and how they are nursed, is that an interference in their private affairs?—Not with them; with me it would be.

3307. Would you mind that?—It depends of course who comes round. The Commissioners of Lunacy are all skilled

men, men of standing in the profession and so on. Naturally I am glad to see them, but I should not like what I call some young fellow coming in, or a nurse coming in and walking about my house and making all sorts of inquiries.

3308. How about the medical officer of health of the county?—I should not a bit mind our medical officer of health coming in.

3309. You would not like a matron from some hospital as an emissary from the Minister of Health coming in?—I should not like it, but naturally if it was thought to be the best thing I should not object to it.

3310. I am still rather on what you say about the patients. The patients would not mind that; I take it it would not affect them?—I do not suppose they would mind unless they were spoken to you see. You could not ask a man how much he was worth, and how much he was paying, and things like that.

3311. What is your general view then; you must have thought about this subject. If registration only means that you will have inspection to ensure for the sake of patients that they are well looked after, do you think there is any serious objection to registration?—No. I do not think there is. I think I should rather resent it myself. I would not mind anyone coming into my house, but I do not see why we should be spied upon exactly. What reason have you for thinking we do not look after our patients?

3312. Do you think there is any reason for registration apart from the house which is a doctor's house?—Apart from the house that is a doctor's house, I should certainly support it.

3313. Then your objection really is on the lines that you think a doctor's house ought to be exempted?—I think where people like that come in they ought not to have their affairs interfered with at all. If they were lunatics I should not object to it in the smallest degree. If the Commissioner came down, or the Visitor or the Lord Chancellor came down, I should not object to it in the smallest degree.

3314. You said you would not object to it in the case of an ordinary nursing home which is kept by a matron owner. You do not see any objection to registration of such nursing home?—Not at all.

3315. How do you draw a distinction between a matron owner and a doctor keeping his own nursing home?—Because I think I am sufficiently qualified



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[Continued.]

as a doctor to understand what is the best for my patients. I imagine they would not interfere with one's treatment in any way.

*Dr. Vernon Davies.*

3316. You spoke of the people in the house as one of them a patient and the rest paying guests?—Practically.

3317. What do you mean by "paying guest"?—Two of them for instance are men who used to be on the Stock Exchange. They failed. People come to me and say "Will you give them a home; they are extremely uncomfortable where they are down at the seaside; will you take them in"? One man has been accustomed to that, and the other has certain infirmities, but they are perfectly straight and sound as you are and I am.

3318. But they do require a little medical supervision?—No.

3319. Then why do they not go to a private hotel?—Because they like my house better; they are friends of mine you see. One gentleman came up from Wales for instance, a young fellow I used to attend many years ago. His father and mother were great friends of mine. He had infantile paralysis years ago. He was sent to me because he is sometimes a bit funny in his temper and it was thought he would be better away from home.

3320. His relatives thought he was better away?—Yes.

3321. You might call him just a mild borderland case?—He will never get any worse than he is.

3322. But you might say he is slightly abnormal?—If you stretch a point, yes.

3323. If I ask any questions which you think perhaps are too personal, do not answer them; but I am very anxious to get what information I can, if you understand me. Supposing one of these gentlemen were taken ill, would you attend him?—As a rule, I do not. Just simple ordinary things I do, but in anything serious, for my own satisfaction, I generally ask a doctor friend of mine to come in and look at them with me. All the ordinary things I do of course, naturally.

3324. Is there any extra charge made for that?—Yes, certainly. I ask the doctor to send in his fees.

3325. For yourself I mean?—No. I do not make the smallest extra charge for that, except for medicine that I actually supply—actual money out of pocket. If

I make up the medicine myself, I just charge for the drugs, but no extra charge for medicine in the ordinary way.

3326. So practically there is no difference between you if you are a medical officer running a nursing home and your present position. If you attend a patient you do it for the inclusive fee, but if you provide medicine you would charge for it?—He will pay his five guineas a week, or something of that kind; that includes everything except stimulants.

3327. But if you had what you would really call a patient, you would have an inclusive fee then, would you not?—Yes.

3328. So that there is not much difference really between what you are doing now for a paying guest and what you would do for a paying patient?—No; just about the same.

3329. So that the paying guest is simply a polite term?—Well, I do not quite know. This gentleman upstairs, for instance, pays me a certain fee quarterly. If he is ill—which he is not at all—I naturally attend to him and give him a little medicine. I do not make any charge for that. If he was really seriously ill—if he had a stroke or anything of that kind—I should probably ask my friend, Dr. Moore, to come in and look at him, of course for the sake of his friends.

3330. And Dr. Moore would charge of course?—He would charge, yes.

3331. Have you any idea what training, what you call your nurse companions have had? Are they ordinary V.A.D's, or something like that?—No. I think one of them has had some training. I do not know much about her, except that she was in my house some time ago as a kind of attendant to an old lady I had under the Board of Commissioners.

3332. A mental case?—Yes.

3333. Had she any mental training?—No, I do not think she had. There was no mental training required. We kept her under the Commissioners because I found I had more authority over her. She used to be in her room most of the day; she just came down to her meals and went out for a walk, and so on.

3334. And the Commissioner was quite satisfied?—Perfectly.

3335. What about the other one?—The other one, I believe, has had some mental training, but I do not know. She has been with me, off and on, for some years now.



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[Continued.]

3336. So that really you could not call them nurses?—I call them nurse companions; they like the term.

3337. I do not quite know what the term nurse companion means?—They like to put on nurse's dress; perhaps that is the best way of saying it.

3338. They pose as nurses?—Yes; they like to put on nurse's dress and go out in nurse's dress, but I do not think their qualifications are as nurses, or anything of that sort. If I had a serious case, I should probably telephone up to London and get a specially qualified nurse down, as I have done many times.

3339. From the aspect of the public, they would probably think they were really trained nurses when they are out with their patients?—They do not care a hang one way or the other.

3340. But they would probably regard them as nurses, and possibly the patients may regard them as nurses?—Possibly they do, if they think anything about it.

3341. I understood in your answer to the Chairman that you had no real objection to the registration of such homes, and not much objection to the inspection, provided it were tactfully done; but you have the idea that medical men having a home like this should be exempt; that they are capable of looking after their own patients, and also capable of knowing what is right and what is wrong?—That is about it.

3342. Would you say that all doctors are honourable men?—Well, I think you said I need not answer questions unless I liked. That is one I object to answering.

3343. You think that serious cases might happen where inspection might be advisable?—Well, that would be the same thing, would it not—well, yes; if you like the answer, I will say yes.

3344. In that case it might be difficult to decide who should be inspected and who should not?—Yes, undoubtedly.

3345. Do you think it would be better in that case to say that all doctors should be inspected?—I think probably those who should be inspected would be very few, and it seems hard lines to make all the others suffer for the sake of one or two.

3346. But would they suffer?—I should not like a man coming to my house and coming into my rooms and talking to my own guests. I should consider it rather interfered with my liberty unless you made it by law.

3347. That is the only way it could be done?—Of course, if you made it by law we should have to put up with it.

3348. The idea of this Committee is to find the arguments for and the arguments against?—Quite so.

3349. What I am anxious to get is what your real arguments against it would be?—My simple argument is that in a case like mine, it is quite useless, and I think it will only upset the people, and there is no reason why it should be done. That is in my own case, mind you. I do not really oppose the thing entirely. To put it in very plain words, I feel that it would be an infernal nuisance.

3350. I gather that what you are afraid of is the method of inspection and not the actual inspection?—I do not want a notice put up outside my door that I keep a nursing home or anything of that kind, or have a thing put up in my hall to say that the patients are inspected periodically, if that is the idea of the law. I do not know what the law is to be, so I cannot answer any questions upon that. If you tell me what it is to be, I might perhaps tell you better what I think of it. I hope I am not rude or anything; I do not intend to be that.

3351. I quite understand. A suggestion has been made that the difficulty might be got over by any medical man who wished to take a patient or patients in his home as paying guests or paying patients getting a certificate signed by two of his professional brethren that he was a competent and fit and proper person, and that would do away with the idea of inspection; would that appeal to you?—You mean to certify that I was a fit and proper person?

3352. Two of your professional brethren will send a letter to the Registration authorities that Dr. Underhill was a fit and proper person to receive patients into his home, and in that case the home would not need inspection?—Oh, yes; certainly.

3353. You think that would be quite satisfactory?—To me it would.

3354. You would not object to that?—Not a bit. It is only to say that I am a decent man; that is what it comes to I suppose.

3355. That is everything?—Yes—well I should not object to that.

3356. So far as I can see, your objection is not really so much to the registration and inspection as to see that your patients are not interfered with or



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troubled, so that there is no inconvenience caused?—That is really what it is. I put it quite plainly; it would be an infernal nuisance; but otherwise I do not care.

3357. Very often in this wicked world the good have to suffer for the offences of the others?—Very often, I am afraid.

*Sir Richard Luce.*

3358. What is the class of patients that you are accustomed to have?—I never take anyone under a certain class.

3359. That is what I want to know about. You are very particular. You would never be persuaded into taking a case which you considered required more treatment than your staff was able to give?—Do you mean professionally or socially?

3360. I mean professionally. You never take in a case beyond the sort of line which you have been describing to us?—I do not know; I would take in any kind of case.

3361. You never take in acute cases?—Not acute at the time, no; I do not take those. You mean a case of acute mania? I would not take alcoholics and things of that kind. Anything that requires a lot of attention I do not take in. I simply say: "Look here, my gates are open. If you like to walk out you can walk out. I cannot keep anybody at the gates to keep you in."

3362. I am not thinking so much of mental or borderline cases, but of ordinary cases that might require more nursing than you are at present able to provide; you would not take them?—Unless, of course, I provided a special nurse for them and had a special room. Just now I have no requirements for what I call trained nurses. Perhaps to-morrow I might have a case which would require a trained nurse.

3363. Have you had any in the last two or three years?—Yes.

3364. In the last two or three years you have had more acute cases than you have at the present time?—Oh, yes. I have no one in the house at present.

3365. Have you full accommodation for all the nursing requirements that might occur to such a patient?—Oh, yes. I have a large house; I could put up 17 or 18 beds, for instance. In fact I took it simply for the purpose. When I gave up practice, which I did some 12 years ago, I simply took this home and took in

what I call private patients into my private house.

3366. What I want to understand is the possibility of your being suddenly landed with more serious cases than you are prepared for. You take great care that that does not occur?—If I could avoid it.

3367. You would not take in an acute case, for instance. Supposing a patient from a reasonable neighbourhood had an attack of appendicitis, for instance; would you take in such a case as an emergency?—Well, no. If they landed them on my doorstep I could not refuse, of course.

3368. But you would not take them in in the ordinary way?—No. If I were offered a case of that sort I should say: "No; take it to a hospital; I do not take in those cases".

3369. Nor in the ordinary way would you take in a case which required acute nursing; take for instance a spinal case?—Not unless I had a special nurse. I do not say that I would not. If I were offered a reasonable fee for a good patient, and so on, I should telephone to London and get a special nurse down, which I have accommodation for.

3370. You have full accommodation for all that?—Yes, plenty of room.

3371. Now on the matter of inspection, you said, I think, that you would have no objection to being inspected by the Medical Officer of Health. I do not know whether you live in the country or in a town?—I live at Maidenhead; it is half and half.

3372. You would come under the Medical Officer of Health for the County in that case?—We have a special man for the Borough of Maidenhead.

3373. That is one of the points I wanted to get at. There have been various suggestions. Supposing Inspectors were appointed, who should be responsible for the inspection and for the registration? Would you prefer that the registering authority should be the County Council or some lesser authority than that?—I would rather have the authority which sent me the best man, you know. I do not want any young fellows or nurses or anything of that kind coming into the house. I should like someone who had some authority like the Commissioners of Lunacy; they are men of known standing in the profession.

3374. You would take the County Medical Officer?—Oh yes.



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3375. You would prefer that he came himself to you than sent one of his deputies?—Yes.

3376. You think it is likely probably that in the case of the Medical Officer of Health being responsible for the inspection of a doctor's premises he would come himself in the ordinary way most likely; that would be the natural professional course, would it not?—Well, I imagine he would be appointed especially for that like the visitors in Lunacy.

3377. That is not what has been suggested to us at the present time, but that the responsible body for inspecting, as in maternity hospitals, should be either the Local Authority or the Borough Council, which of course would not be people of quite the same position as the inspectors of Lunacy?—Well, I should not like an inferior man, if I might call him so, perhaps rudely, to come. I would rather have a top man.

3378. But you would be satisfied if the County Medical Officer of Health was the inspecting person?—Certainly.

3379. And you would not object to such visits as it was necessary for him to pay?—No. So far as I am concerned, I do not object to anything; is it simply the way they do it—that is what I mean.

3380. You could probably trust the Medical Officer of Health of the County to do that.—Yes, professionally he would do all that. It is more of a social matter with me than professional.

3381. Have you in your experience come across homes of such a nature as you run which you would describe as not satisfactory; have you had experience of such homes run by doctors?—No, I have no personal experience.

3382. You have heard of such things?—Well, they occasionally appear in the papers, you know.

3383. That being so, do you think that it would guard such homes as your own that there should be registration and, where necessary, inspection from the professional point of view?—Yes, to a certain extent, I do. Mind you, I am not objecting to the thing at all; really and truly I am not indeed. I think there are some homes which it would be very advisable to have inspected, and I should not like to say that they were not to be inspected. They are more what I call nursing homes, where the doctor attends now and again, where it is run by a person for money, where they have a certain amount of so-called nurses, and where the patients are certainly not looked after as well as they ought to be.

3384. It would therefore be a protection to those who do look after their homes properly that there should be some form of registration and, where necessary, inspection?—Of that kind, yes—the ordinary nursing home.

*Chairman.*] Thank you. We are obliged to you for your evidence.

(The witness withdrew.)

Dr. CHARLES F. SCOTT, M.B., called and examined.

*Chairman.*

3385. Do you keep a nursing home?—Yes, I keep my private house. I am speaking more of the occasional patient which I take into my own house, and of course I can speak about nursing homes too, if you want it.

3386. You know something about nursing homes?—I do, yes.

3387. Generally you are not in favour of registration, I gather from your paper?—The registration of a doctor's private house to my mind is entirely unnecessary; at least I do not think it is necessary at all; there is no public demand for it.

3388. We have been told that there is no public demand for registration of any

nursing home; you would not agree with that?—No.

3389. You would think there is some demand from the public?—I think from the public's point of view that there may be a demand for the registration of nursing homes. For instance, I think in the case of lying-in homes and things of that sort it is somewhat necessary.

3390. You would draw a distinction between the lying-in home and the nursing home?—Yes, I should, because one thing is a very common thing, and it is a kind of natural process, an ordinary thing, and you want to see, at any rate, that the places that take in people for gain should, at any rate, have the first principle of cleanliness and that sort of thing there.



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3391. It is the fact, is it not, that nursing homes so-called, that is to say, medical and surgical homes, do very often take in lying-in cases?—Oh yes, quite.

3392. Would you mix them up together?—I do not know what you mean by that quite.

3393. Would you have it as a general practice that all three types of cases should always be taken in a nursing home; that there should be no objection to taking maternity cases, medical cases and surgical cases all in the same home?—My answer to you is this, that the Medical Officer of Health in my district took lying-in cases into the fever hospital. We stopped that, I may tell you.

3394. Two blacks do not make a white. —I am only giving you that.

3395. That is not an answer to my question, if I may say so. Do you think it is advisable that maternity cases should be mixed up in nursing homes with medical and surgical cases and vice versa?—Yes, if they are properly isolated from each other, but not in these infectious diseases. You might have, for instance, a case of appendicitis in one place; you might have a medical case of pneumonia in another, if you like; and you might have a lying-in case in another place. As long as they are properly separated and not attended under certain conditions by the same nurse—you want to watch that, gentlemen—I should not object. My case is that I do not want any more than two, ever. One is quite sufficient for me. It is only under special request that I take them in.

3396. If we come to the conclusion that the registration of nursing homes is advisable, would you think it also advisable that we should definitely lay down that medical and surgical nursing homes are not to take maternity cases, and that maternity cases are all to be taken in places where there are nothing but maternity cases?—No, I do not think so at all. I think it would be absolutely absurd for many reasons. You might as well say that a family cannot have a child with a sore throat in it and one with something else. People have to take certain risks in the world. The great thing is that you must have your home hygienic, and you must attend to the first laws of disinfection and that sort of thing. If you do that it does not matter. I would not have septic cases, I may tell you, near a maternity case under any circumstances.

3397. To come down to your doctor's private home, do you say that there is no need for any registration or any inspection?—No.

3398. You have never known a doctor take a case into his house as a patient for gain without that patient being properly and adequately looked after with regard to medical and nursing treatment?—I have never known it, and I can scarcely conceive it unless the doctor was mad or something of that sort.

3399. Even supposing we grant that as being the case, you think that the personal relations between the doctor, as you put down here, and the patient would be altered?—Yes.

3400. And would make it very much more difficult; why?—Supposing that you had a patient; you have known the family for some years, and they have a delicate member of the family who wants some type of special treatment, and a good deal of that treatment might come under the heading of psychology, if you like—studying of the patient's mind and giving advice; you would have to see that patient twice a day. There are nervous people who have got absolute trust in their doctor, and if you are going to have inspection and supervision by, of all people, a man who has never been trained for it at all, like what I heard you suggest, the Medical Officer of Health for the County, it seems to me to be an impossible position altogether—quite useless.

3401. It is not suggested that the Medical Officer of Health should come in and look after the patient's health. It is only suggested that the Medical Officer of Health should come in and see that the house is suitable for the purpose for which it is being used, that the nursing is adequate nursing, that the food and general looking after of the patients are such as they might expect.—Well, how could he do it? I do not see how it is possible. If two doctors in their own neighbourhood signed, especially for lying-in cases and that sort of thing, and said that a person's house is suitable for this kind of thing, I think it is quite sufficient instead of having an army of officials which is against public policy, especially now.

3402. It might be quite possible that when the two medical gentlemen signed that their colleague was a suitable person and his house was suitable, that five years hence it might not be suitable?—Of course, there is an old saying that if the



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skies would fall we might catch larks, but the thing does not happen.

3403. You have such great faith in your brethren of the profession—I do not think they would become doctors at all otherwise.

3404. —that if they had got such a home everything would go on straight and well?—I think it would go on quite well. As one of the members of your Committee was President of the Royal Medical Society of Edinburgh, he knows the sort of men that are medical men.

Dr. *Shiels*.

3405. Do you not think that you are exaggerating a little the function of an inspecting officer? Is there any reason why this patient of yours should know anything about the visit at all?—Yes; if he is going to inspect at all I do not see how it can be avoided. If the inspector is going to look at the patients to see whether they are in decent physical condition or not, I do not see how it can be avoided.

3406. I do not think that has ever been suggested. There is the matter of the premises, there is the sanitation, there is the quarters where the nurses stay, and so on. The problem in the case of an individual patient such as yours would be a very small one, and probably would make the inspection merely nominal, but you realise, do you not, the difficulty that would be involved in any general exclusion of a particular class of case from inspection? Perhaps it will surprise you to know, and I am sorry that I have to say this, that we have had evidence which seemed very credible that certain of these homes were not what we would like. It is obvious that in a profession which we all admire, and I think with good cause, there are one or two black sheep inevitably?—There are bound to be.

3407. Some of us think that it might be in the interests of 99 per cent. of the medical profession, even of those who have such homes, that this inspection should take place rather than that the one black sheep should be allowed to give a bad impression of the medical profession; do you not agree with that?—No. I think from the point of view of the public itself, if you are going to guard against everything in this world you would have such a multitude of officials that finally there will be two

classes of people, the people who work and the people that watch them do it.

3408. Of course, I quite understand your objection to bureaucracy, but the thing does not arise very much here. There would be, say, an inspection once a year, and in the case of your own house where you have one patient that would probably be a very nominal inspection. The inspecting person would be a person of some discretion and authority, and I do not think there would be anything to fear in the psychological effect on your patient at all; there is no reason why the patient should know anything about it?—Of course, if the patient is not to be seen at all, then the patient would not object. I know patients who would object to any official coming in, in just the same way the person who has got the greatest power under the National Insurance Act is the patient.

3409. There are other cases; for instance, we have had cases of so-called nursing homes where these chronic poor cases who have rheumatoid arthritis and such things are lying there; they are only paying 25s. 0d. to 30s. 0d. a week, and they are not properly attended to. In that class of homes I think the inspecting officer might reasonably pay some attention to the patients, but in other cases that might not be necessary. —Supposing you had a poor person suffering from rheumatoid arthritis or one of these senile cases, and their relatives will not allow them to go into a Poor Law infirmary or anything of that kind. They are awfully keen to go into some place where they can pay, we will say, 30s. 0d. or £2 a week, which of course is far too little for a case of that sort. What on earth can inspection do to keep that patient even from getting bed sores? It can only draw attention to it. The nurse says: "I have done all I can do for 30s. 0d. I have tried to prevent bed sores. I cannot be with the patient all the time, because I have other patients to see to." I know cases like that at the present time. I know them even at five guineas a week. It seems to me that inspection of a good many of these homes, as long as you do not get the Dotheboy's Hall element, which you have always to look for, would make it necessary to have such a large number of inspectors that the country would be better served by one of these patients going over the top for the



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country than by a multitude of inspectors that would cost the country such a lot of money; that is my point.

3410. But just consider this, that if what is proposed is carried out, these nursing homes will not be in existence unless they are registered, and before they are registered they will have to be inspected, and one of the conditions will probably be that a certain minimum of nursing efficiency will be provided. We quite recognise the fact that our conditions may be such as to drive some of these nursing homes out of existence, and some of us think that would not be a bad thing, and that these people would be far better off in a public institution than in a private home where the amount that they pay was so small that they cannot be effectively attended to?—Yes.

3411. So that is a possible result of our suggestion, and I think you will agree quite a promising one from the point of what you would require yourself?—That part of it is rather laudable in a way, I think, if you have cases of that sort.

3412. Oh yes; there are definitely cases of that sort?—Nobody would mind even a doctor's place being registered in a way if it did not involve other things. You know perfectly well that once you start and have registration and inspection it is like the Police Force; it tends to grow; you do not know where it is going to stop.

3413. But if you have evidence to show that certain abuses, and very serious abuses, are in existence, which inspection might minimise or remove, surely an objection to the snowball character of reform is not a very valid one. Then with regard to your objection to bureaucracy, supposing although you did not like the idea of the Medical Officer of Health it was merely an addition to the duties of an official who already existed and did not mean any new appointment, you could not really say it was any increase of the extent of bureaucracy?—No; but every doctor is himself an authority on sanitation—at least, he has to pass his examinations.

3414. I accept the second statement.—Well, you have got your town sanitation business, and your buildings under the Sanitary Officer and the Medical Officer of Health; if he passes it he either passes it truthfully or not.

3415. Not only sanitation, but you have also ventilation?—Yes.

3416. You might have, for instance, a small bedroom which would be quite suitable as to cubic space and so on for one individual, but if you put three or four or perhaps more nurses into that bedroom to sleep, then it might be very bad?—But you have far worse conditions now in the private homes of the people—five and six in one room, and things of that sort.

3417. You do not suggest that that is any reason why in nursing homes the staff should be accommodated in that way?—I say where the big evil is, cleanse the Augean stable first, and then go for the lesser things by degrees, if you like. I say that the doctor's home is a place where there is no necessity for any inspection whatsoever; that he himself is, shall we say, a Vicar of Bray; in other words, there is only the General Medical Council over him, and if he does not conduct himself properly with the patients he will lose his patients. He has everything on his side to study his patients and the nurses. In my own case, the first case I ever took in was under request by a mother, and I got it by wireless coming over from France, a patient who had appendicitis. The French people at Le Touquet, the golf place, do not seem to operate as quickly as we do here. This girl was operated on and on the twelfth day they did not put a tube in, and she came over on this boat, as the mother thought, to save her life in England. I was wirelessed, would I take her into my own house, because I knew the family well. That girl was operated on by Mr. Sampson Handley; the nurse she brought over from France was paid £1 a day, and she had a night nurse from Mr. Sampson Handley's home, and her life was saved—a very severe case. That is the first case I took in.

3418. You generally only have one case?—No; I have taken in two at a time. For instance, I take tonsils and adenoids in, or a little operation, or an examination.

3419. In the sort of home that you have I agree inspection is not very important, and probably would be little more than nominal, but I do not know whether you are aware of it, but we have had other cases where doctors have been actually running a home on a fairly big scale, purely apparently for private gain, as a means of livelihood, where there were very serious irregularities. When we have such evidence as that put before



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us, you realise it is very difficult for us with all the sympathy that we have with the general views you have expressed to make any definite recommendation excluding doctors' homes altogether?—That is doctors' own homes, their own private houses. Did you prove these serious irregularities, or was it an expression of opinion?

3420. I think we have had sufficient opinion from various quarters to make us at least believe that there is some room for complaint in certain instances?—Might I ask you this—I do not know whether it is so or not, but I think it has a bearing on the question: can you tell me whether, as laundries have to be inspected, convent laundries are inspected now? I know they were not when the Bill came out the first year; it was thrown out. If they are not inspected I think a doctor's own home all the more so does not require it.

3421. You are entering on a religious question there, which is rather dangerous?—It is the same thing; it does not matter. I do not belong to their Church, but I can see that perfectly well.

3422. You do not suggest that the medical profession have any special degree of holiness?—With regard to health matters, yes I do think so, because it is their training.

3423. Supposing, in deference to what I have said, you were to accept the proposition that inspection even of doctors' homes should take place, what are your views about the inspecting authority?—The inspecting authority should be a person who was high up in the profession; a person of a comprehensive mind and one who would be respected by the profession. The idea of either health visitors, or nurses that doctors train themselves, examine themselves, and plough and pass and so on, should come and inspect the doctor's house for anything whatsoever, I think would be extremely badly thought of by the profession and would be rigorously opposed.

3424. Would you object, say, to a trained nurse assisting a Medical Officer of Health in conducting inspections, paying attention to her special department?—I do not see any necessity for her being there at all to inspect a doctor's house.

3425. I am not so much talking about a doctor's house; I am talking about the

thing generally?—I say Yes; I can quite understand that. I believe Lord Knutsford says he does not mind a hospital being inspected. A hospital is inspected every day by the most supreme people in the country.

3426. Quite; a hospital is a public place?—It is not needed; it is taking coals to Newcastle.

3427. And there is a possibility of complaint being fully made known. You understand that patient may not be getting very efficient nursing or any very efficient treatment in a nursing home, and yet nothing much be heard of it outside?—I think that these things usually come out.

3428. You would think so, and of course they are coming out now, but apparently they have not come out till this opportunity of expressing them has been given?—I have sat on many committees in connection with the National Insurance to hear complaints, and I do not know a more unsatisfactory way of getting at the truth. It has been the one bugbear of my life in Middlesex to get at the truth. The whole thing is very, very difficult and you require a trained man, such as, to my mind, a judge or somebody of that sort, who understands the laws of evidence and everything else, to get this thing done properly.

3429. Do you not think that three sensible representatives, such as you see before you now, of the medical profession are as capable of getting at the truth of this matter?—Of getting at the truth of what?

3430. Of the need for the registration of nursing homes?—Most Members of Parliament will tell you that highly technical evidence is not good evidence at all.

Dr. *Shiels*.] I think I will leave you to the mercies of my colleagues.

Sir *Richard Luce*.

3431. One of the points you spoke about was this: you said you did not think there was any objection, in fact it was rather an advantage that maternity homes should be inspected, but you thought there was a difference between the question of inspecting maternity homes and general nursing homes?—Yes, the point being with regard to overcrowding and all that sort of thing that



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some of these poor creatures will go anywhere; they do not want to go into a public place. I am always advising poor people that it is far better; that is people who cannot afford very much. They go into a home where they get the whole thing done for three guineas a week or something of that sort.

3432. Is there any great difference in the need for sanitation and the need for air space between a maternity home and a medical or surgical home?—There is this much about it; you must not have maternity cases, as we know, in places that are at all septic.

3433. Can you have surgical cases?—Yes, you can. In the case I am speaking of, as the doctor's house, where the doctor is giving personal supervision, I say that he is the Pope of that; he is the man who understands that, and it is to his interest to look after that.

3434. Does not that apply exactly to maternity cases?—I do not see that it is necessary for any inspection of a doctor's house in maternity cases at all.

3435. Speaking of the question generally is there any difference between the need for inspection as far as sanitation is concerned and as far as the question of nursing is concerned, between a general nursing home and a maternity home?—I think it is more valuable to the country to have the midwifery cases inspected and looked after than it is for ordinary chronic cases, for instances, or ordinary old people and that sort of thing; I think it is far more important to the country.

3436. Why?—Because it is the young blood of the country coming up that wants to be saved.

3437. You do think that inspection is likely to help the treatment?—It might help that if you find evils sufficient, but my point is that legislation for exceptions is bad legislation. I think that you want to show that there is really public demand, because there are so many cases that you can prove and show they have gone wrong because of bad housing, bad homes, and so on. If you can prove that it is a necessity, then of course I would be with you every time.

3438. Just to turn off to another point about the question of the employment of completely trained and partially trained nurses, which of course does not apply specially to your home.—No.

3439. —how far do you think that it is possible in nursing homes to allow such

an element of partially trained nurses?—You know perfectly well that in hospitals you have got your nursing staff, you have got your probationary nurses who are not trained nurses, and you have got your ward maids, and these ward maids frequently are called in to feed the patients, to carry the trays and give the food to them; the nurse, of course, superintends it. The same thing would apply to a nursing home. There are many many cases that do not require skilled nursing at all. They only require sympathy and cleanliness, and a good servant girl, if you like. There are plenty of cases like that—types. The doctor in his own place must use his discretion and he must do his best for the patient. The patient must come first.

3440. You think that there is without any doubt as regards the care of a patient in a home of sufficient size and under medical care an opportunity for the employment of nurses who are not fully trained?—I am quite certain of it. I am quite certain that no patient would suffer at all under these circumstances. You would have to have your chosen cases, of course. I have known cases of highly trained nurses who were so highly trained that they thought they were almost as good as a doctor, and I have known cases where a surgeon has been called in to open the abdomen again and it was nothing but a full bladder through the nurse saying that she was quite certain that she had measured everything, and all the rest of it, when she had not; that was a sister. I have known another sister, a highly trained nurse, who in her night report put down: "Patient contracted pneumonia during the night." I was the Superintendent of the hospital, and out of kindness to her in the morning I asked her for the stethoscope. She said she had not got one. I said: "You have put down in the night report 'Patient contracted pneumonia.' Why did you not put down 'Patient developed fast breathing or something else of this sort'?" The result was, she said it was the best lesson she ever had in her life.

*Chairman.*

3441. I should like to ask you one question on that point about the nursing. You say that you have had a great deal of experience of other nursing homes, apart from your own experience in your own home?—Yes.



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3442. Is your experience with regard to nursing in these homes, generally speaking, that the nursing is adequate?—Generally speaking, I think so.

3443. But you have come across cases where the nursing was open to criticism?—I have come across cases where there is criticism of nursing, of room and of food, and in the very same place that I am thinking of other people in the very same rooms have come out with expressions of how beautiful and how well they were treated.

3444. That makes you still more sure that it is difficult to get at really sound evidence of what is going on in nursing homes?—I am quite certain that the public will very frequently give evidence; it will require all your skill to detect the flaw in it, but it is there all the same.

*Dr. Vernon Davies.*

3445. Have you a patient in your house at present?—I have.

3446. How long has he been in?—A fortnight.

3447. Had you one before that?—Have I had one before that—yes.

3448. What I want to get at is, are you running a nursing home or one or two cases consecutively?—I might take in two cases consecutively if they asked me to take them in; I do not want more than that. The biggest number I have ever had was that case that I am telling you about, and two children that came in for tonsils and adenoids in another room—a brother and sister; two little Welsh children.

3449. If your patient goes out tomorrow you are willing to take another patient in the next day?—Yes. I have more rooms than one. I would not put a patient, for instance, into a room where there was a confinement case.

3450. All I mean is, you are practically running a nursing home confined to your own patients?—Confined to my own house.

3451. Patients in your own house?—If I can get the proper patients, but I do not get them.

3452. But you are very seldom without?—That is not so; I am more seldom without than with. I say that I do not take patients in unless they make it worth my while, except occasionally I take in an old patient who asks me, and I do not mind, like the one I have got in now. I will not make anything out of it at all.

*Chairman.*

3453. When you say an old patient, you mean a patient who has been your patient for some time?—That is what I mean; people that I know.

*Dr. Vernon Davies.*

3454. Do those people pay anything?—Yes, but they are not paying more than to cover their own expenses.

3455. You do not get an adequate return?—I do not, but in the other case from France, yes.

3456. Have you an operating theatre in your house?—I have a place which is suitable for operations.

3457. Suitable in what way?—It is a suitable light, a great oriel window. The place is all kept vacant for the purpose. I have got a table and sterilisers and everything of that sort, and I use that.

3458. So it is practically to all intents and purposes a theatre?—No. It is not like a theatre. You can do far more in a modern theatre than you can do in my place, but it is quite hygienic and good.

3459. It is as good as many theatres in what are called high-class nursing homes?—It is better than a whole lot of theatres as far as that is concerned.

3460. You would not be offended if I called it a theatre?—No, I will not; it does not matter.

3461. Therefore I think we may say that you definitely do run a doctor's nursing home?—Under the limitations that I have told you, yes.

3462. That you reside in the house?—No, the limitations that I have told you; I do not have many people in at all; only one or two.

3463. If you go to a small nursing home they do the same thing; they say they will not take you in unless you pay 20 guineas a week. They all have their limitations. They pick and choose, and you exercise your undoubted right in choosing the case you take?—Yes.

3464. You acknowledged, I think, to Sir Richard Luce that you thought it was quite possible that certain homes did require registration and inspection?—It is possible; if you can prove the need of it, of course.

3465. You have never noticed it?—I have never myself seen any nursing home of the Dotheboy's Hall type at all. I have never seen that kind of thing and I have seen some poor ones. I think that



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nurses who take on this work, taking them all round, are the most wonderful people. They are quite different from either the highest in the land or the ward maid. The ward maid will throw a bucket at the matron; the nurse will drop at her work; that is my experience.

3466. We are not discussing the capability or the enthusiasm for their work of the nurses?—Well, the goodness of them.

3467. Nor of the doctors; that does not come into the question at all. Have you ever heard of a high-class nursing home charging very high fees where perhaps the food has not been all that is desired, where the nurses have been rather huddled together, and short of bedroom accommodation; one nurse getting out of bed in the morning and the night nurse getting straight into the same bed without change; have you heard things like that?—I have heard something of that sort somewhere about London, I think.

3468. Do you mean that you do not believe it?—No; I think it might be so. I think one nurse might get out of her bed and another one get into it shortly afterwards.

3469. Without changing the sheets?—Well, perhaps so.

3470. Pointing to limited sleeping accommodation for the nurses?—Yes. I do not see that that is going to do her any great harm, because it happens in many private houses.

3471. In what way?—Take a miner's place.

3472. We are not talking of that now?—Take a place where there is a fairly big family, some of the people going out to work at night.

3473. I am afraid we are not talking of that class where poverty or shortage of housing accommodation prevails. We are dealing with nursing homes where people take in patients for gain, and undertake to give some return for it, and we want to see that the people are getting proper return for the money they may pay, although we have nothing to do with the money. It is quite possible that some of these high-class nursing homes would be better for inspection, is it not?—I do not think a high-class nursing home, and when you use the term "high-class" I should imagine—

3474. Well, fashionable?—Even fashionable.

Sir Richard Luce.

3475. High priced?—I should imagine that the doctors in charge of the places would not recommend their patients there unless they were doing their duty to the patients. I think those things will rectify themselves; nor do I think that doctors on the whole would recommend a nursing home in which the nurses were obviously overworked or underfed and badly housed in regard to bedroom accommodation and all that sort of thing. It is a thing the medical profession are always trying of their own accord to improve.

Dr. Vernon Davies.

3476. Have you ever sent any of your cases to a nursing home?—I have.

3477. Have you gone to see the nursing home?—I have.

3478. Have you asked anything about their kitchen arrangements, bedroom arrangements, or nursing accommodation?—Yes; I have seen the accommodation.

3479. For the nurses?—For the nurses.

3480. You are quite satisfied yourself?—The only thing I was not satisfied with was the amount of money which the nurse gets.

3481. That is not your business?—But you asked me if I was satisfied with everything.

*Chairman.*] We have had that point raised before.

Dr. Vernon Davies.

3482. You have thoroughly gone into the question of the hygienic properties of the place?—Yes.

3483. And the cooking and the bedroom accommodation?—I have seen the cooking much better than some of us get.

3484. I think you are to be congratulated upon the very efficient way in which you have made inquiries at the nursing home, because that is by no means common. You find the majority of doctors, I think, send their cases to a nursing home of a good reputation; they go there, they see the theatre and they go to the patient's room, and that is all they see. They do not see the other part of the home at all, or the great majority do not.—I think you will find there are some patients who are particular in this or particular in that, but I know many surgeons and others who make it a point



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of making some excuse to send the nurse out of the room to hear what the patient has to say during her absence.

3485. That is another thing entirely.—In other words, the doctor is a fine inspector for his patient.

3486. The doctor is a fine inspector in finding out if the nurse is kind, or if they are getting sufficient food, or if they have any complaint to make against the nurse or the home. A doctor can put it very tactfully, but he will not be very much interested as to the sanitary arrangements or the nursing accommodation?—Well, as to the sanitary arrangements, if the sanitary arrangements were bad, that surgeon is not going to get good results.

3487. Why?—If you do not attend to the laws of health the laws of death step in; that is why.

3488. There may be insufficient lavatory accommodation for the number of nurses. It may be sanitary within reason, but the accommodation may be insufficient. There may be an insufficient number of baths. There may be deficient air space in the bedrooms. The bedrooms may be attics not suitable for sleeping in at all, and yet they may have three or four nurses there. All these things would be unsatisfactory in a nursing home, but would not interfere with the excellence of the results from a medical or surgical point of view?—I think they would.

3489. Oh no; certainly not.—May I suggest this: here is a nurse that may have very special nursing to do, and when she is off duty her conditions are so bad that she comes to nurse this patient and has special work to do a tired woman, because she has not got sufficient air space or something of that kind. The surgeon would notice that this was a tired nurse. He wants an efficient nurse, and it is to his advantage as well as to the patient that the nurse shall be efficient, and in order that she shall be efficient it is the proper thing that she shall be housed and fed properly and slept properly; that is my point.

3490. You say there are a certain number of cases which do not require trained nurses; would you enlarge upon that a little bit and just give me an idea what sort of cases you meant?—I will give you one type: take an old body that is getting a wee bit senile and she will not feed herself at all if you leave it to her; if you leave her tray there she will not

feed herself. You may have to get some person to cut the meat up and give it to her bite by bite into her mouth. I do not think a trained nurse is required for that. Even a children's nurse does that; a mother does it for her children. That is one type of case.

3491. We have had some very highly trained nurses who have insisted that those are the most difficult type of cases to nurse and require the highest skill in nursing?—I agree with that, but you must remember I was only speaking of one part of this.

3492. The feeding part?—Yes. For bed sores, I agree with you, but there if your non-qualified woman feeds her well you do not get your bed sores so much: that is a very important point. A good nurse or matron will insist upon it.

3493. It is not the feeding of the patient that prevents the bed sores; it is feeding the nurse?—Both. The nurse might eat it if she does not eat it, you know.

3494. Is there any other type of case?—Yes. There are cases that require personal attention in certain ways. There are delicate people, just generally delicate, that require a personal attendant, who do not require a highly trained woman, to wash or help the patient or bath her or something of that sort, and go out for a walk with her. In fact, highly trained nurses would refuse to do certain work like that.

3495. You would call that a suitable case for a nursing home?—Well, there are lots of people who would like a person like that under some sort of technical or professional observation, and would feel comfortable and happy about it. There is a point that has not been mentioned at all here. There are certain patients suffering from certain diseases, which might not have anything to do with them at all; it might be their misfortune—certain venereal troubles or cancers. A person who has had an operation for colotomy, for instance; these people do not want any publicity whatsoever.

3496. That is not intended. Inspection, as we understand it, is not concerned with the medical or surgical treatment of the case?—It is simply to look at the house to see what it is like?

3497. To see the general conditions; are the people competent to run a nursing home; are the premises suitable, and is the patient getting a fair deal?—I think to prove that and see that properly, you



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are up against a very stiff proposition and a very expensive one.

3498. If it is decided that this is necessary and there seems to be a lot of opinion in its favour, if it were made compulsory that all these homes should be inspected and registered, which authority would you prefer, the local Medical Officer of Health or the County Medical Officer of Health?—You have asked me rather a difficult question. The present Medical Officer of Health in my district—

3499. We do not want your district?—Well, it is the local man. We have had a very stiff fight with him, and we have beaten him, and I would not like him to inspect my house, not because he might not do it quite well; he is quite above anything of that sort; but I think it is a bad thing to enable any man to inspect your place who might have a bias, even in your favour.

3500. So you would prefer the County?—In those circumstances, but I do not think either of those men are the proper people for the purpose at all.

3501. Who do you suggest?—I think you ought to have a special person who understands the treatment of people.

3502. Who?—Say a man who had to do with hospitals in a big way; something of that sort; that is a very good type of man.

3503. A hospital surgeon? — The Medical Officer of Health at the present time is a fellow that pushes bells and asks people to come down and makes out statistics. He does not go into hospitals and treat people at all. He used to do it, but now he is what is called a sort of director.

3504. But he has experts under him, or fully qualified people?—Well, there is a lot of that.

3505. Supposing the County Medical Officer were appointed the registration authority and he sent a medical woman, or one of his staff, or the Sanitary Officer, to see that the sanitation was all right?—He has already seen that the sanitation is all right, has he not?

3506. He would probably see that before the house is registered; the registration will probably come before?—A sanitation officer, of course, would have to do something of that kind, but I think everything associated with going into a doctor's house is absolutely objectionable, because there are so many differences of opinion. I was speaking to a surgeon

to-day at an operation, and I said: "You are one of the supreme men in this country, and at the same time you differ profoundly from men who are supreme men in other towns, and even in this town as a matter of fact". He said: "That is quite true"; and the same thing might arise about the treatment of patients. I will give you another example: take this case at Gloucester, which we were very sorry indeed was ever raised—I mean the man at Gloucester who objects to serum treatment and anti-vaccine and that sort of thing. He takes the view there, and he would be upheld in a court of law.

3507. We are not concerned with treatment.—I know you are not. I am only showing you that differences of opinion about all these things come in. My other point is this, that a patient in a doctor's house is just as well inspected and as safe as a patient outside. It all depends on your doctor. If your doctor is a scoundrel, he can be a scoundrel outside just as well as inside.

3508. 99 per cent. may be right, and for the sake of the odd 1 per cent. they may have to be registered?—My whole point about that is, do not make laws on exceptions; it is bad law, and you will have too many officials.

3509. Would you allow a murderer to go off, because there is a very small proportion of murderers?—I thought of that before I gave that answer. The reason is this: murder was a very common thing at one time. They even hanged a man for sheep stealing at one time, but because of the law it has acted as a deterrent. In this case we have not got any of these things at all, and you are pushing an open door; you are bringing coals to Newcastle. That is my point.

*Chairman.*

3510. Apart from the registration or suggested registration and inspection of doctors' houses taking patients, do you think it would be preferable if the Ministry of Health were to have the registration, or, at any rate, let us say, the inspection of nursing homes all over the country; that has been suggested to us?—No. I think there again you are putting far too much in the hands of the Government officials. I like local people to have the chance.

3511. You prefer the local people?—Yes.



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3512. I just wanted to know whether you preferred the central authority?—No.

*Chairman.*] Thank you very much; we are much obliged to you for your evidence.

(The witness withdrew.)

Mr. HERBERT J. PATERSON, C.B.E., M.C., M.D., M.A., F.R.C.S. called and examined.

*Chairman.*

3513. You are Senior Surgeon of the London Temperance Hospital, I think?—Yes.

3514. Generally, are you in favour of registration of nursing homes?—Absolutely.

3515. All of them?—All of them.

3516. Doctors' houses as well?—Certainly.

3517. What has been your general experience of nursing homes?—There are some good ones and a great many very bad ones.

3518. You think there are more bad ones than good ones?—That has been my experience.

3519. You make your criticism of nursing homes under four heads: Structural arrangements, sanitation, operation theatre arrangements, and nursing?—Yes.

3520. Do you think that the bad homes fail in all those respects?—No, I do not think in all those respects. Those are general criticisms, some of which may apply to some and not to others.

3521. Will you tell us what your experience is with regard to the structural arrangements; I suppose you are talking mostly of London?—Well, London almost entirely, but I have seen other homes.

3522. What happens about structural arrangements generally?—The houses are not adapted for nursing homes at all. A great many of them are simply private houses adapted more or less—chiefly less—and in many of them the staircases are so narrow that a stretcher cannot be carried up and down stairs. The sanitary arrangements are very primitive in a great many of them; they are not up-to-date as they should be in what is really a hospital.

3523. With regard to the sleeping arrangements for the nurses, have you any evidence to give us; have you ever seen any really bad cases of nurses being crowded up and insufficiently housed?—Yes; I have. In some nursing homes they are crowded together in their bedrooms and they have nowhere to sit in the day-time when they are on duty, which, I think, is a very grave defect.

3524. You could give us definite addresses if we were to ask for them?—Yes. What I mean is, nurses should not have to sit on the staircase when they are on duty nursing a patient.

3525. In the case of fire, you have some observations to make upon that subject I see?—I do not know how they would get some of these patients out if there were a fire with some of these staircases in the West End which are wooden and very narrow with very narrow corners.

3526. What do you think would be the effect of laying down regulations with regard to the structural arrangements of these nursing homes?—A certain number would have to shut up.

3527. A great many, I gather, from what you say?—Yes; so they ought to.

3528. You think that would be a good thing?—Yes.

3529. What would become of the patients?—The demand will always be met.

3530. Better homes would grow up, you think?—Better homes will be built. Nursing homes ought to be built for the purpose.

3531. Would not that increase the expense?—No, I do not think so, because there are many homes which are not run economically; they are too small to be run economically.

3532. What is your experience with regard to that; is the dearer and more expensive type of nursing home better or worse run than the cheaper homes—I do not mean the very cheap form; let us take the 20-guinea a week place as against the 12-guinea a week place?—I know a 30-guinea a week place which is very well run indeed, and I have had experience in the past of a 30-guinea a week place which was run very badly.

3533. And the same would apply to a couple of 12-guinea a week homes?—I think it is quite irrespective of the cost.

3534. There is nothing in the cost?—No, I do not think so.

3535. Down to a certain figure?—No. I know one where you can get in for 7 or 8 guineas which is very well run.

3536. Now as to the sanitary arrangements; have you inspected those in a



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good number of nursing homes?—I always have a look at them when I go to a nursing home to see what they are like.

3537. Is it your general practice when you go to a nursing home? Do you have a look all over the place if you have a patient in it?—Yes, always.

3538. Do you go into the kitchen?—Sometimes.

3539. Do you look at the linen to see what sort of stock they have got?—No, I have not done that.

3540. Is that an abuse sometimes, do you think that there is not a sufficient quantity of linen?—I could not say from personal knowledge on that point.

3541. That is a nurse's point, is it not?—I think so, yes.

3542. Do you think if we have inspection it should be inspection by a Doctor?—A Doctor and a nurse, not *qua* nurse, but a nurse who has had experience in public health work, or similar work.

3543. Would you say the County Medical Officer is the person?—I think it should be under the Ministry of Health.

3544. The Ministry of Health to create a staff for the inspection of nursing homes all over the country?—Yes.

3545. A special staff?—Yes, of medical people of good standing on the lines on which the King' Fund inspect the hospitals of London, although it would not voluntary probably.

3546. Do you think that the work is well done under the inspection by the King's Fund?—I think it is done very well by the Doctor and the layman.

3547. Taking the nursing question, what is your experience with regard to the qualification of the nurses in the majority of these nursing homes?—Of course, in a great many of them a certain number of them are not trained nurses. That does not apply to the homes I go to, because I would not go there if I thought there were any untrained nurses there.

3548. You think that all the nurses should be trained?—Every nurse ought to be fully trained; the public pay for it, and they ought to get it.

3549. There is no room for these unqualified probationers and unqualified ward maids?—Certainly not.

Sir Richard Luce.

3550. I take it that you come here to represent the Royal British Nurses Asso-

ciation; that is the chief reason you have come to-day?—Yes.

3551. You are speaking more, perhaps, from the point of view of protecting the nurses' position in this matter for the moment than you are from the point of view of the actual necessities of your patients?—No. I am speaking from the point of view of the public.

3552. Are you speaking of the public as your patients—As my patients.

3553. Of course, you are recommending very large reforms in the nursing world?—Yes.

3554. Do you consider that those reforms are absolutely necessary, or are they necessary in the interests of surgery, for instance, and medicine?—I think they ought to be. They have done it in America; why should not we do it here?

3555. You think that it would be actually to the advancement of the results of scientific medicine if those reforms were carried out. You do not think that the best work can be done in the nursing homes as they exist to-day?—Not in the majority of them.

3556. You think the cases actually suffer from that fact at the present time?—I think they do in some. I think the point is, if I may put it in this way, that the rich should be able to be as well treated as the poor.

3557. If your requirements had to be carried out they would have to be very rich, would they not?—No; I do not agree with that.

3558. Do not you agree that to establish a really suitable nursing home of the hospital type would be a very expensive business at the present time?—Yes. You can take them in at 12 to 15 guineas a week at the present time.

3559. You think it could be done for that?—Yes; I have been into it very carefully.

3560. On a larger scale?—Well, on a larger scale than it is done at present.

3561. That would mean practically the elimination of the present system. It would mean that it would all have to be done by companies or corporations; it could not be done in the present way as it is now done by nurses?—No.

3562. That would be an impossibility. The class of nursing home which is run by a nurse putting her savings into it, or whatever little money she has, would have to be eliminated by your reforms?—Yes.



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3563. You are really aiming practically at the elimination of the present day nursing home altogether?—Of the private houses used as nursing homes.

3564. And to be substituted by the nursing hospital practically?—Yes.

3565. And the private hospital?—Yes.

3566. With regard to the inspecting authority, you say it should be done by Government officials. Do you not think that that is going to be a very expensive business?—I do not know, of course, about that; I suppose it would.

3567. And you do not mind?—Well, I simply answered the question.

3568. Quite so. You are taking it from an ideal point of view rather than a practical one?—Yes. I would sooner have the Ministry of Health than the County Council.

3569. Would you object to the County Council altogether; would you rather have the County Council than none?—I think there ought to be some inspecting authority, whoever it is.

3570. You would rather have the County Council than none, but you prefer a Government official to the County Council?—Yes; the Ministry of Health.

3571. With regard to the nursing home, you say that there is no possibility of the position of a partially trained nurse. Supposing these nursing homes get to the stage which you are looking forward to, that they should all be practically small private hospitals, would you say then that there was no possibility of having probationers?—I think the public in those nursing homes pay to be nursed by a trained nurse, and I think they ought to have it.

3572. How do you know they pay for that?—Supposing they go into private wards of a general hospital, they do not expect to be nursed entirely by trained nurses?—No, but that is a little different. It is understood that in a hospital nurses are being trained.

3573. Might not it be understood when you get your private hospitals that they might have the capability of training nurses too?—Well, if you made it quite clear that that was so, but the public at present think they are being nursed by a trained nurse. She is dressed in a nurse's uniform, but she is a qualified ward maid.

3574. You mean that there is no possibility of her ever becoming a nurse?—In some cases, no.

3575. But if she was a probationer on the way to becoming a nurse you would not have any objection to her wearing a nurse's uniform?—She cannot become a nurse in a nursing home, because she cannot get through the State examination unless she has three years nowadays.

3576. But it might be recognised as a stage towards that?—I do not think it will be.

3577. You think the nursing world is sufficiently strong to prevent that?—I do not think it will allow that.

Dr. Vernon Davies.

3578. You have an ideal in front of you and you want to get as near that ideal as is practically possible?—Yes.

3579. You, of course, recognise that you can only get that by stages?—Quite.

3580. If we move on a step at a time we may ultimately get as near perfection as is possible?—Yes.

3581. You recognise that in a lot of these nursing homes they have what you would call partially trained nurses?—Yes.

3582. Girls who perhaps have had only mental training, or fever training, or children's training, and they are fulfilling a certain want. What would you do with those people? Would you suddenly turn round and say: "No one except the State Registry nurse must do any nursing in a nursing home"? If you do that, what is to happen to these women?—I do not know; I do not think that is for me to answer.

3583. You would think that they have some claim upon society—upon the State, if you like?—No, I do not think so at all. They go into it with their eyes open. They know that they have to take the State examination to become trained nurses.

3584. Not when they went in?—I think when they went in—most of them, at any rate, now. If they have been in nursing homes as long as that they could have got in under the back door arrangement.

3585. There are a certain number of these nurses who have not come in and now the time limit has expired. Supposing legislation were contemplated to say that after a certain number of years no nurse will be allowed to nurse in any hospital or nursing home unless she is a State Registry nurse, but all nurses who have been in practice for so many years should be entitled to come on the Register



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just like the old dentists did——?—Well, they have had their chance, and if they did not take it, that is their fault.

3586. They may not have recognised the danger, and there will be no danger unless legislation is brought in. If Parliament brings in legislation, do you think that those girls ought to be safeguarded?—No; I do not think you can legislate like that. They did not do it for the doctors and dentists. They gave them their period of grace, and when the period of grace expired there was an end of it.

3587. Your idea is towards the gradual elimination of nursing homes?—No; I did not mean to infer that. I said the ideal was the larger nursing homes, but there are a great many of the small ones in London that I know and go to that are exceedingly well run, and they personally would have no objection whatever to inspection; in fact, they would welcome it.

3588. It is possibly your opinion that the better the class of home the more they will welcome inspection and registration?—Certainly.

3589. They have nothing to lose and everything to gain?—They have everything to gain.

3590. And the people and the homes who might object will be the doubtful ones, the very ones that should be inspected?—The inefficient homes. I have asked all my nursing homes that I go to whether they would mind being inspected, and they have said "Certainly not."

3591. I think that is a very general impression. Have you formed any opinion as to the necessity, or otherwise, of registering and inspecting doctors' private houses if they take one or more patients in for gain?—I do not see why there should be any exception; it is a nursing home.

3592. If it is for one patient or 20?—I do not see the difference; if it is one or 100, it is a nursing home.

3593. Providing the patient is taken for gain?—Yes.

3594. You would probably find a certain amount of difficulty in drawing a line between a paying guest and a private patient?—Yes. There is no reason why a nurse having a home should be inspected and not a doctor.

3595. You would not put doctors in a special case?—Certainly not.

Dr. Shiels.

3596. Might I ask what is the Royal Nurses' Association?—It is an Association of nurses incorporated by Royal Charter for the protection of the nursing profession, and to raise its status.

3597. It is really on the same lines as the College of Nursing?—Very much.

3598. With the same objects?—The same objects, of course.

3599. How many does it represent?—About 5,000.

3600. You have stated that in your view the proper thing is that all nurses in nursing homes should be fully qualified?—Yes.

3601. With regard to the objections you were expressing to Dr. Davies about considering the present assistant or unqualified nurses, you realise that when you are proposing legislation you are affected to a great extent by public opinion, and public opinion would probably condemn the throwing out of, what would amount to, thousands of young women at a certain date unless you provided some bridge or some transition method. Dr. Davies suggested that, if those homes were registered and a certain percentage of qualified nurses were employed, service under those qualified nurses might count, say, as a half of the time for general training, or less than a half, perhaps; do you not think there is any middle way?—I do not think the General Nursing Council would ever accept that nursing home as a training school, or even as a partial training school; it is too limited.

3602. There is that objection, but in some cases nursing homes are fairly large and might have a fairly wide range of cases. Do you not think it is possible that a nursing home, say, having a certain number of beds, might be considered eligible?—I do not think so under the present conditions; you see there is no teaching.

3603. No, not under present conditions; I agree. You see we are faced with the position that when we make our proposals on our Report we may probably have to lay down some standard of nursing before registration is permitted?—Yes.

3604. I do not know, of course, but I think it is unlikely that we would be able to recommend that immediately, or within a short time, your ideal should be insisted on, although I think we are all



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in sympathy with it. The nursing profession has to consider how it will best get its ideal, and how quickly it will get it?—Yes.

3605. Sometimes the most obvious way is not the shortest in the long run?—There would be no objection, I take it, to allowing these untrained nurses that are already in the homes to finish their time there; you might make some exception of that sort.

3606. Of course, your parallel of the dentists was hardly a comparable one. All dentists who had been in actual practice for five years were automatically put on the Register?—Most of the nurses who had been nursing at the time of the passing of the Nurses Registration Act could have come on the Register, and if they have gone into nursing homes as untrained persons since then their blood is on their own heads.

3607. They might not all have had the requisite number of years. As has been pointed out to us once before, there is a certain economic difficulty sometimes. A girl going into a nursing home would sometimes get more by way of salary than she would on going into a general hospital for training; it is easier, and she would not have to sacrifice quite so much?—Yes—well, she would get more as a cook.

3608. You agree, do you not, that the inspecting officer, whoever he may be, should be a doctor, and preferably that he be assisted by a nurse?—Not a nurse *qua* nurse, but a nurse who has had experience.

3609. With full nursing qualifications?—A nurse who has had experience in that sort of work.

3610. You agree, I think you said, that doctors' homes should be inspected just the same as any other?—Yes.

3611. I think you heard the last witness; have you had any experience of doctors' private houses where they only take one patient; have you any knowledge of any of those that have been unsatisfactory?—I have had knowledge of one case in which it was very unsatisfactory. The friends paid 25 guineas a week, and the patient was very badly treated.

3612. You know definitely of that case, and, if necessary, you could tell the Committee in confidence about it?—Yes.

3613. I think you will agree that one reason for insisting that a good standard of nursing is in the interests of the patients as well as the nurses?—I think the patient comes first; the nurse second.

3613A. Your case is that many of the conditions under which the nurses have to live and work in these homes are such that the patients suffer as a result?—Yes, and the nurses' health suffers. There is one thing I should like to say, and that is this: The last witness was saying that you find out in nursing homes what has happened. I think there is nothing more difficult than to find out what is happening in a nursing home behind your back. You may sometimes go into a nursing home for years and the patient will never complain, and then suddenly you find out that for years you have been living in a fool's paradise and going to a place that you ought not to have gone to, because the patients will not complain, and it is only by chance that you find out when you have some friend there as a patient and he or she tells you, or some nurses may happen to go there and will not stay there because it is so bad and she comes and tells you after she has left.

*Chairman.*

3614. Have you found that to be your own personal experience?—I have found by my own personal experience that it is very difficult to find what a nursing home is really like.

3615. That is to say, you have been attending at a nursing home for years which you thought, as you said, a paradise, and after two or three years you find it was only only a fool's paradise?—Yes.

*Sir Richard Luce.*

3616. On the question of the nurses, do you think that the check by nurses not going to nursing homes is insufficient?—Do you think that they go and remain at nursing homes which are unsatisfactorily run and are willing to do so?—Do you not think the question of competition comes in sufficiently to protect the nurses in this matter?—A good nurse will not stay at a bad nursing home.



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Mr. HERBERT J. PATERSON, C.B.E., M.C.,  
M.D., M.A., F.R.C.S.

[Continued.]

3617. Is not that sufficient at the present time to prevent abuse?—No, I do not think it is.

3618. Why do you think that?—The good ones will not stay and the ones that stay are not good nurses.

3619. Will a bad one stop at a bad nursing home?—Oh yes.

3620. I am speaking of a fully trained nurse?—A nurse might not know; she might not be good enough to realise, or she might not see.

3621. I am speaking now about the question of quarters, and so on, as to whether it is necessary in the interests of the nurses, and so on, to have inspection. On that part, do you think where they have trained nurses that they ought to be able to look after themselves in the matter?—No. I do not think nurses can look after themselves; they are very indifferent to their health and creature comforts.

3622. Is not your Society sufficiently strong to bring this about without the law?—There is no one who takes less account, of her own personal happiness and health than a nurse, I think.

3623. Are not the nurses' societies sufficiently strong to look after the interests of the nurses in that particular line?—No; I do not think they have any influence there at all.

(The witness withdrew.)

Miss E. M. HOMERSHAM, called and examined.

Chairman.

3629. You are, I believe, the proprietor of a nursing home?—Yes.

3630. Is it a nursing home or a maternity home or both?—It is a general nursing home, but principally now chronic cases.

3631. Do you take maternity cases?—I take maternity cases very occasionally. I am registered as a maternity home. I have had a nursing home for 26 years.

3632. But you do not take many?—I take very few maternity cases.

3633. You do not much like the existing rules and regulations, I understand?—Well, the assumption that a patient who is about to be confined has no husband and the child has no father is what I do not like. The father and the husband are entirely ignored. The relation is not even mentioned as the relation. I do not know if you have seen the rules and regulations.

3624. They could point out to their nurses that they should go to other better places?—Yes, but there is competition.

3625. The competition is too high?—Yes.

3626. Trade Unionism is not strong enough?—It is not strong enough, and there is too much competition. I do not think it is right, as I said at the start, that a nurse should not have somewhere to sit down when she is on duty, and that is a thing that happens in a good many nursing homes.

Dr. Shiels.

3627. Is not the fact that it is actually the case at present that there are qualified nurses and efficient nurses who have in the course of their duties to put up with conditions which are very far from being what they should be?—Certainly.

3628. Therefore, if that is so, it follows that the competition, or the societies of nurses, or any other methods by which these could be put right, have not been successful?—Yes. I should like to say what I have said does not apply to any nursing home that I am going to at the present time.

Chairman.] Thank you. We are very much obliged to you for your evidence.

3634. Yes.—The whole idea is that these nursing homes are for unmarried women, and it is very offensive to put these rules and regulations before a young lady who has been recently married and who is about to have her first child.

3635. That is the main point?—That is what I object to. As to the inspection there is nothing whatever to object to.

3636. You would then approve of your home being registered also as a general nursing home?—Yes. I advocated the registration of nursing homes 23 years ago before the Royal Sanitary Institute.

3637. You do not mind the inspection?—Not in the least.

3638. You have had experience of this inspection?—Yes.

3639. You have been here this afternoon and you have heard some views expressed with regard to inspection?—Yes.

3640. Have you suffered any of these horrors of inspection?—None whatever.



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Miss E. M. HOMERSHAM.

[Continued.]

3641. Can you tell us what your experience of inspection is?—The inspections under the London County Council have been made both by a gentleman doctor and by a lady doctor. They have seen the rooms; they have seen the whole house—at least, I think the gentleman did. The lady now comes in and says: “I suppose I had better look at your books, Miss Homersham,” and if there is a patient in the house she goes up. As I say, I only have two or three to see, and I do not think for the last two years there has been a patient in the house when the inspection has been made. But I have had a great deal more inspection from the Board of Control, for I have taken a good many mental cases. The Board of Control inspect the house not only for certified mental cases, but for feeble-minded cases also, and they look into it thoroughly.

3642. So far as the London County Council inspection is concerned, you have nothing against it, I gather?—Nothing whatever except the rules, and the book that has to be kept which assumes that the child is to be got rid of; that is my great objection to it.

3643. I see your objection. You get the right people to inspect, you think?—Oh, quite.

3644. They do not inspect the patients themselves, do they?—Well, the lady doctor went up and saw one patient, I think, but they do not profess to do so.

3645. They do not ask questions about the patients' complaints?—No, not about the treatment in the least.

3646. But they could do and look and see whether they have got clean sheets and that sort of thing?—Yes, they might do that. They speak to the nurse.

3647. You think the County Medical Officer is the right person to inspect?—Yes. I do not mind whether it is the County or Borough Medical Officer.

Dr. Vernon Davies.

3648. Do you mind saying distinctly which bye-law you object to; do you mind reading it out?—“The need for alteration in the bye-laws and register, which are both needlessly offensive while at the same time inspection is carried out courteously and tactfully.”

3649. I do not mean that; I want you to read out the particular bye-law to which you object?—Well, I must get the bye-laws, if you will excuse me.

Chairman.

3650. It is rather what it does not put in than what it does put in?—It is the whole form.

Sir Richard Luce.

3651. Is this a form for the patient to fill up?—No.

3652. It is the form that you have to fill up to get registration?—These are the bye-laws; you have to exhibit the bye-laws, you see. (*Documents handed to the Chairman.*)

3653. Those are the bye-laws which you have to conform to?—Yes, and which we have to exhibit.

Dr. Vernon Davies.

3654. Do you object to carrying out the bye-laws?—I object to the whole tone of the bye-laws more than anything else.

Chairman.

3655. You have to keep a register of patients received at the home and enter therein various particulars. You say there is something about the patient's relations, do you?—You will see the definition of “relatives.”

3656. “Relative means the grand-parent, brother, sister, uncle or aunt by consanguinity or affinity and in the case of an illegitimate child any person who would be so related if the child were legitimate”; that is what you object to?—I object to that any many other things. I object to being called a keeper of a lying-in home myself.

Dr. Vernon Davies.

3657. It is not very polite?—It is not very polite, no. And I still further object to the rule which says: “A keeper of a lying-in home shall in any case where he arranges or is party to the arrangement for the removal of a child.” No matron of a nursing home would have anything to do with that, as I know in my 26 years' experience.

Chairman.] This is really an objection to the particular bye-laws; I do not think it is a thing which goes to the root of this question at all.

Dr. Vernon Davies.

3658. You would not like the House of Commons to take those bye-laws as a



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Miss E. M. HOMERSHAM.

[Continued.]

model?—No. The bye-laws were what we would like to have altered. That is not what we would like to have continued. Registration and inspection I have no objection to whatsoever.

3659. With regard to your experience as to nursing homes generally, what is your general experience; are they good or bad? You must know a lot about your colleagues in the profession?—Well, I am afraid that a great many of them are not carried on properly. They are carried on by untrained women and no good trained nurse will really work under an untrained matron; it is not likely. I know of a case where the housekeeper of a nursing home set up a nursing home herself; her daughter who had been a housemaid in the same nursing home became the nurse, and she has now a very large nursing home. She married a patient and her daughter married another. One knows of a good many things like that. I was speaking to the Secretary of the Board of Control the other day, and he said: "I hope nursing homes will be inspected; they need it badly enough."

3660. Do you think it will cause a good many of them to go out of action altogether?—I do.

3661. You think that will be a good thing?—I think that where they are run by untrained women they will be frightened.

3662. They will go out of action and that will be a good thing?—Yes.

3663. And the patients will go to these fine new nursing homes which will be built to take their place; do you think that will come; do you not think there is money in it?—There is not a great deal of money in the ordinary nursing home.

I have run a nursing home for 26 years and I have not made a fortune, but I have made a living. My fees are not high; they vary from five to seven guineas a week, and sometimes I have to take rather less.

3664. Is yours an adjusted house or a house built for the purpose?—No; it was a house that I took. I started in a large house and ran that for nine years, but as I had to run it single-handed I found it rather too large for me, and I sold the business. The lady who took it made a very great failure of it, but it is being run very efficiently now, and it is a credit to the neighbourhood where it is. I set up again some distance away in a smaller one, and I take only seven patients; that is the largest number I can take. At the present time I have five with another one coming in next week.

3665. You could run a nursing home very much more economically if you were taking 25 to 30 patients if it was a proper house built for the purpose?—I do not know; it means a very large staff.

3666. It would be on a very much larger scale?—Yes.

3667. But you could run it surely more economically?—Yes, possibly one could.

Sir Richard Luce.

3668. Would you be able to give it enough personal attention?—What I could do 25 years ago I cannot do now, but I manage this nursing home with five or seven patients quite well myself.

*Chairman.*] Thank you; we are very much obliged to you for your evidence.

(The witness withdrew.)

Miss J. K., called and examined.

*Chairman.*

3669. Your experience is that you have been three years ago for ten weeks as a matron of a nursing home owned by a doctor?—Yes.

3670. Now tell us about it, please, in your own way?—It specially refers to the accommodation for the nurses. There were 11 nurses not including myself and there were three bedrooms. In two of the bedrooms four nurses slept and the three night nurses slept in one

bedroom. There was not sufficient accommodation for them, not sufficient wardrobe or chest of drawers accommodation; they had not plenty of accommodation for their clothes and in every way they were very uncomfortable.

3671. How many patients did this doctor take?—I think about 25 or 27 was the most I remember.

3672. Was the house suitable for it?—Yes.

3673. Or were the patients crowded in as well?—No; the patients were not



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Miss J. K.

[Continued.]

crowded. It was a very nice house—very suitable.

3674. Was it in the country or London?—Just in the suburbs of a big town. It was a private house that had been adapted for a nursing home just a few months before.

3675. What do you suppose was the reason why he crowded his nurses up—in order to get more room for the patients?—Yes, I think so. All the private rooms were for patients, and the nurses really just slept in what had been, I suppose, servants' rooms.

3676. There was a domestic staff as well, I suppose?—Yes; they were all on the same landing right at the very top.

3677. Were there any other abuses in the home except the lack of nursing accommodation?—No; that was all I wished specially to speak about.

3678. How about the sanitary accommodation, the baths and so on; was that all right?—No; there was not enough baths. There were two baths; one was supposed to be for patients.

3679. Only two baths in the whole of this house?—Yes. One was next the theatre block which was supposed to be for the patients, and I used that one, but the other nurses and the maids used the only other bathroom.

3680. How was the feeding for the nurses?—Well, there might have been more. Sometimes we ran short. I was supposed to go as matron, but the doctor's wife did the catering.

3681. Was the quality good, but the quantity deficient?—Yes.

3682. Anything else?—I was only there ten weeks, but I do not think the patients were badly fed; I think they had enough. I have heard rumours since that the patients did not get enough, but that was not my own experience; I thought the patients had enough.

3683. All you have to say is, that your experience of being a matron of a nursing home owned by a doctor is that this particular doctor, at any rate, did not provide anything like adequate accommodation for the nursing staff?—Yes.

3684. Do you think the nursing staff suffered in consequence?—I used to hear them grumbling sometimes, but still they stayed. They were all untrained except one.

3685. Were they well paid?—I really do not know. I know one nurse got £45—one of the untrained ones; I did not have anything to do with the paying of them.

3686. You do not think that the patients suffered by the fact that the nurses were so badly looked after and provided for?—No.

3687. That did not interfere with the health of the nurses to such an extent that they were not able properly to nurse their patients?—No; I do not think I would go so far as to say that.

Sir Richard Luce.

3688. Do you know whether your successor stayed there?—No, she did not stay very long.

3689. And your predecessor?—She had not been there very long either.

3690. How long?—As a matter of fact, the home had just been taken; it had not been running for very many months when I went there. It had been transferred from another nursing home to this new house.

3691. Did you leave definitely on the complaint that you had not enough room? Were you in a room with others?—No, I had a room to myself.

3692. What was the point that you objected to?—I did not like it at all.

3693. In what way?—I had been used to institution life for a great many years, and I could not put up with the discomforts.

3694. What discomforts?—The lack of bedroom and sitting-room accommodation.

3695. You had a bedroom?—I had a bedroom to myself—a small bedroom.

3696. But you had no sitting-room?—There was a little room that I used to use as a sitting-room, but it was a very tiny place.

3697. So you had a bedroom and a sitting-room to yourself?—Yes, but in this sitting-room there were other things put; for instance, the medicines were kept there, and the poisons were kept in the cupboard. There was not really any comfort.

3698. How many other nurses were there?—Eleven other nurses besides myself.

3699. You were acting as matron?—Well, I suppose I had gone as matron.

3700. There were 11 in three bedrooms?—Yes.

3701. Had they any sitting-room?—No, they had not any sitting-room. They used to sit in the conservatory. There was a conservatory on either side of the front door. Patients' visitors were supposed to wait in one and the nurses used the other for a sitting-room.



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Miss J. K.

[Continued.]

3702. You spoke about the catering done by the wife of the doctor; did she take any other responsibilities than the catering at all? Did you have entire charge of the patients?—Yes.

3703. And you were never interfered with in any of your nursing responsibilities?—No, I do not think so. There were certain rules that had been framed by the doctor's wife, who was not a trained nurse.

3704. But nothing that interfered with your discretion as having charge of the patients?—No; she did not interfere with that.

3705. She was practically the house-keeper?—Well, no. She used to do the ordering, and if she thought I was extravagant she used to criticise.

3706. That would happen in a hospital?—No, not if I had acted as matron.

3707. If you were sister in charge of the patients, or whatever it may be, even as matron in charge, if you had anything to do with the distribution you would still have the secretary of the hospital running after you if you were extravagant?—Yes. I would not have minded the doctor criticising.

Sir *Richard Luce*]: But you objected to the lady.

Dr. *Vernon Davies*.

3708. How many of the day nurses were trained?—There was another nurse besides myself; she looked after the theatre.

3709. There was one trained nurse and 10 untrained?—Yes.

3710. What sort of cases did you take?—Very good surgical cases; the work was excellent.

3711. Was there a nice theatre?—Yes. The theatre had been built when the house was adapted for a nursing home.

3712. So that really you and this one nurse had to be responsible for all these cases for the actual nursing?—Yes. The other nurses had had good experience just in private nursing homes; they were not trained though.

3713. Were they getting smaller salaries than a fully trained nurse would have got—you do not know?—I only know one told me she was having £45 a year.

3714. That is below the average?—Yes, for a trained nurse with the years' experience she had.

3715. So that she was taking a smaller fee?—Yes.

3716. Did you engage the nurses, or the doctor?—The doctor.

3717. You had nothing to do with the engaging of them?—I did once see a probationer for him, but most of them were there when I went. I only stayed 10 weeks because I did not like it.

3718. Did the doctor live in the house?—No.

3719. Had he a practice in addition to this huge home?—Yes.

3720. He must have been making money?—Yes, I expect he was.

3721. A practice, living in one home, and a huge home to take 25 patients?—Yes.

3722. Did you ever complain to him about the sleeping accommodation of the nurses?—I told him I was very disappointed with my quarters; I do not think I mentioned the nurses.

3723. What did he say?—He said I had seen them before I went, but that was not true; I had not seen them. He thought I had seen them, but I had not.

3724. Did any of the nurses ever complain about their quarters to him or to you?—Yes. I heard them grumble sometimes about their quarters, but I do not think they complained to him.

3725. It never went any further?—No.

3726. They would rather put up with it than have any trouble?—Yes.

3727. Do you think the fact of their being untrained nurses made them a little bit afraid of not being able to get another job?—Yes; I should think it would.

3728. An untrained nurse has not the same chance as another, so she might be willing to put up with unsatisfactory quarters?—Yes.

3729. Do you think that had anything to do with the doctor getting so many untrained nurses?—Of course, they had not such a big salary and it would not cost him very much. I must say that the one trained nurse is still there; she is taking charge now.

3730. Did the patients know that they were untrained nurses?—I never heard it. I did not hear them say anything.

3731. You never told them?—No, I did not tell them.

3732. And you do not suppose the doctor did?—No.

3733. They all wore uniform?—Yes.

3734. So the patient might possibly think that they were a fully trained



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Miss J. K.

[Continued.]

staff?—Yes; they may have thought so. I never discussed it with the patients.

3735. Do you know what fees these patients paid?—No.

3736. The patients never told you?—Well, once or twice they paid me. They came back and paid me after they had the account sent in, but I did not know whether it included the operation fee, or whether it was just the nursing home fees,

or what; so it really did not convey anything to me.

3737. They never told you: "We were paying 5, 10 or 15 guineas a week"?—Yes. I once or twice heard somebody say they were paying six guineas a week, but I really do not know whether that was true or not.

*Chairman.*] Thank you; we are much obliged to you for your evidence.

(The witness withdrew.)

(Adjourned.)

Thursday, 17th June, 1926.

MEMBERS PRESENT.

Sir Cyril Cobb,  
Dr. Vernon Davies,  
Mr. Haslam,

Mr. Hurst,  
General Sir Richard Luce,  
Dr. Shiels.

SIR CYRIL COBB IN THE CHAIR.

Mrs. LEVERSON, called and examined

*Chairman.*

3738. You speak from the position of a patient?—As a patient, because one is so terribly in the power of the people in the Nursing Home when one is there. There is absolutely no means of getting the Matron up, to make any complaints, and no message is taken down. If one does give a message it is not taken down. Then the Nurses are allowed to go from one case to another whether it is septic or not. Even if one has one's special Nurses they have two hours a day off and they are made to do duty in the Home for two hours a day in return, the other Nurses looking after their patient, and when some of them are septic cases a good deal of trouble is spread in that way. Sometimes the Matron does not come up for days together; you are absolutely in their power and you cannot complain to your Doctor or Surgeon.

3739. How many of these homes have you been in?—Five.

3740. Have they all been in London?—I have been in one at 29, Wimpole Street, if you do not mind my being a bit personal.

3741. You do not mind it being taken down?—I do not mind a bit, because hundreds of doctors know about it.

3742. What happened to you at 29, Wimpole Street?—A week after my operation I said to the nurse: "I think I have burst my wound; go down and call the matron." She did not call the matron, and she left for the night, and another special nurse came on who was provided by the home, and no notice was taken at all of my condition.

3743. You had two special nurses, did you?—One I engaged myself who had nursed me before, and the other nurse was engaged by the home, and when I complained to the nurses they said it was nonsense and they would not report



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Mrs. LEVERSON.

[Continued.]

it to the matron. I had a special nurse who came at nine o'clock, and I was in a lot of trouble all night long and still no notice was taken, and not till the surgeon came in the morning by chance they discovered I had burst my wound; all my intestines were out and it was in consequence of that neglect I was not able to be sewn up, and I was on my back for a long time with my intestines out in a septic condition, and as Lord Dawson and other surgeons will tell you, my condition will never be altered and they have never seen anything like it. There was no means of getting the matron up in any way.

3744. As I understand it, you had engaged a special nurse for the night?—I had a special day nurse and a special night nurse, and I could get neither of them to report to the matron that I wanted her up to complain personally to her.

3745. What did you want to complain about?—That I had burst my wound.

3746. I should have thought the nurses would have attended to that?—The nurses did not. The nurses are afraid of giving the matron extra trouble. Because in the nurses' opinion it was not septic they would not call up the matron; and during the day you do sometimes want to consult the matron about things; and should it be necessary to see your surgeon you cannot, and you cannot see the matron.

3747. You are not complaining that you did not have proper nursing attention but you are complaining that you could not get the matron up when you asked the nurse to let you see the matron?—Absolutely, nor did the nurse report my condition.

3748. But you were not left alone without anybody to attend to you at all?—No, I was not left alone. Unless one has been in a Nursing Home one cannot understand its conditions. The Nurses are frightened to complain to the Matron because they are left a certain amount of responsibility, and the Matron likes to be free, leaving the Nurses to do the work, whether they are Home Nurses or special Nurses. Sometimes she does not come up for days. Then she is very frightened of sending for the Surgeon or Doctor; because, if she what she calls teases him or gets him there for small matters, then the Surgeon would say: "I do not want to be bothered; I will send the patients to another Nursing Home where they can take the respon-

sibility." In the National Hospital of Munich my brother has just had a son who died there. That is run by the Government for poor people, and each patient there has a bell by his side, and he can summon the Doctor there in a moment. Then the Doctor says: "If there is a ring for me it shows the patient is a little bit nervous, it may be a tubercular case, and I ease his mind and he gets better," (at this hospital all are T.B. cases) but when you are in a Home you are intimidated; you are told you are not to do this and you are not to do that. Then if you complain to the Doctor and say: "You told me not to do this or that, but the Nurse makes me do it, for example, you told me I was not to move and she told me to do it," then he says: "Oh, don't you do it." Then if I say: "Will you tell her not to?" he says "No; don't you do it; that is all." The Nurses and Surgeons are absolutely frightened to make too many complaints, because if so they think the Matrons will not recommend them.

3749. Did you complain to the Doctor on this occasion when you got the opportunity to complain to him?—Yes, and nothing happened.

3750. How long were you in this Nursing Home?—Over three months. I should have been out in three weeks if it had not been for that accident. If I had had the Surgeon straight away then I should have been sewn up at once because I was not septic at that moment, but having left it all that time, I was so septic that the Doctor forbade it being sewn up.

3751. What did you pay at 29, Wimpole Street? Did you pay 20 guineas a week?—I think it was 16 or 18 guineas a week, without nurses.

3752. Without the extra nurses?—Yes, and then they are supposed to nurse you for that, but, of course, they never do. I had to obtain my own nurses, who run into about six guineas a week each. My husband has been in several, too. He says that there are never enough nurses, and I think that is why you see so many cases in the papers of death from heart failure after an operation. It is because the patients are left, and the nurses are scurrying about after the operation, and they do not sit by the patient; and in one moment you can absolutely die, after an operation, especially if there is no theatre, and they are hurrying to clean up your room and put it straight; and



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Mrs. LEVERSON.

[Continued.]

nobody sits by your bed. In a previous case I had been operated on and I made the nurse swear not to leave me, and, luckily, she did save my life. She said: "If I had not been by you at that moment, you would have been dead." You do not have so many sudden deaths after operations in hospitals as you do in nursing homes. The terrible thing is that these nurses are allowed to go in to septic cases. My husband said I was specially to make a point of that. There was a man with a horrible skin complaint there two years; and there was another woman next to me in a most terrible septic condition, and my nurse went in to her and her Home nurses came in to me. They make the special nurse go off for two hours daily, and during that time you are nursed by the home nurse, and in return for that your special nurse has to go and do the time for them; but as you pay your money for the entire nursing, it ought not to be so.

3753. Have you anything to say with regard to the food in these nursing homes?—The food was very monotonous and very bad. Sometimes you are given the same fish for three days running, and cabbage almost every day in the week, and it is no use complaining.

3754. It is no use complaining about anything?—Sometimes, for instance, you ask for a sole and you are given a lemon sole, and it annoys you terribly if you are very ill. It is all run for gain. Sometimes you are 25 or 30 minutes in between a lunch course and a pudding course, and the same in the evening at dinner. Then there are not enough nurses. In one nursing home my husband was in, there was one night nurse for 14 patients, and where I was I think they had 23 patients and they had two night nurses for the 23 patients. You should not be allowed to pay in some of these nursing homes up to 30 guineas a week and have to bring your own nurses.

3755. Is that your experience in all the nursing homes?—In all the nursing homes I have been in, three in London and two in Crowborough, and my husband in one in London. Where he was, there were 10 or 14 patients and only one night nurse, and I had to get a night nurse in. Another thing he wanted me specially to tell you is that gas fires ought to be forbidden in nursing homes. They get neglected and all blocked up, and there is no proper chimney to take the fumes, and through all this dust getting in the

asbestos the fumes are forced into the room. He was given a tiny room about 10 ft. square with a gas fire within 3 ft. of his head, all the fumes coming into the room, and he had to leave earlier than he ought to have done. He left days before he ought to have done because of that. You are there in their power, you cannot get out and see to things yourself, and it is no use grumbling.

3756. Did your friends come and see you when you were in any of these nursing homes?—Yes.

3757. Could they not do anything for you?—No. The unfortunate thing was that my husband was ill the night he was wanted and was too ill to come to me. If I had made a complaint he would have 'phoned at once about it to the surgeon.

3758. You were in this first nursing home for three months, were you not?—I was there three months, and I ought to have been out in three weeks.

3759. Your friends came and saw you?—Yes.

3760. Could they not do any good by making complaints on your behalf?—No, I do not think so.

3761. No good at all; in fact, nobody can do anything at these nursing homes?—Not in the case of your being absolutely in their power.

3762. How did you happen to go to this particular nursing home?—I had been there before; my son had been there before. It had always been the same; it was the least bad of all that we knew.

3763. You did know something about nursing homes before you went to this one?—I had been in two in London before.

3764. Is there anything else you would like to tell us about?—Meals unsuitable, hot water scarce.

3765. Were there any baths in your nursing homes?—A horribly dirty bath, and other rooms that were used for other purposes were so horrible that when you have got a new nurse in she hates to go into it. Why it would be so good to have Inspectors is because even the nurses and the surgeon would be frightened of what was going to be disclosed, and then they would act all right.

3766. Do you think the nurses are to blame?—I think the matron is to blame.

3767. Always the matron?—If you have a head of a department who is not good naturally the underlings are not. That



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MRS. LEVERSON.

[Continued.]

is what the late Mr. Harrison Cripps used to put to me: if he had a head man who complained of the underlings he sacked the head man and let the underlings stay.

3768. Do you think the nurses themselves have proper accommodation?—As it happens, some of the nurses who are special, sleep out at their own place. I do not think the nurses have proper accommodation.

3769. But you do not know anything about that, personally?—No. Then the Homes are never sufficiently staffed. There are many deaths through want of attention. If you pay high prices you expect to be properly treated.

3770. That is one of the things we have in our minds—to protect the public health. If the public pays 20 guineas and expects to get trained attention, they ought to have trained attention?—You can never get enough attention without having a special nurse in the Home. Mr. Arthur Samuel's brother, the Parliamentary Secretary for Overseas Trade—he and his wife are great friends of mine—was in the same Home and he did not have enough attention after his tonsils were taken out, and he walked back the next day.

3771. It is not everybody who can do that?—No. My brother had a son in a nursing home and I was talking to him last night, and I said that Dr. Scott of Brondesbury had said that he was of opinion that if a doctor was running a Home they ought not to be inspected. He gave evidence before this Committee.

3772. You have never been to a Home where a doctor has been running it?—No. I was in another Home where the doctors were absolutely frightened of the matron, and they would not do anything for you. Stuck up there, you cannot get any attention; you cannot get the matron up and the nurses will not complain.

Mr. Hurst.

3773. Were the nurses in your Home all trained nurses?—Yes, I think they were all fully trained nurses. Some had been there a very long while.

3774. You realise that there are limits to what you can put into an Act of Parliament. You cannot legislate about bells and gas fires and that sort of thing?—No; but if you have an inspector who is worth his pay and knows his job properly and he sees the gas fire is not properly working and the fumes are

coming in and not doing the patients any good, he should have the right to speak about it and put things straight. You do not want that kind of thing in an Act of Parliament, but you want an inspector with a head on his shoulders.

3775. How often do you suggest an inspector ought to visit a nursing home?—The patients change very often—about every three weeks.

3776. You would not want a nursing home to be inspected every time a patient comes in?—No; I am only telling you the average patient stays about three weeks, but you certainly ought to send an Inspector round to try to find out where things do go so very wrong. If one paid only a little money one would expect to be neglected.

3777. The real cure for these bad nursing homes, I take it, would be to have a supply of better ones. It is really all regulated by supply and demand?—I would much rather go into a hospital than a nursing home. If anything goes wrong, in two or three minutes the house surgeon comes up to see you. You should not be so absolutely in their power.

Sir Richard Luce.

3778. This home that you were talking about, you had been in before?—I was in it before, and my son was in it before. There was always a difficulty to get the matron up.

3779. In the meantime, did you consider the question of going to some other Home before you went to this Home again?—Yes, I tried very hard to get into 9, Mandeville Place, a very good Home, Miss Slater, I think it was; but she had not a vacant place.

3780. This nurse that you took in with you had no actual responsibility with regard to the Home in which she was employed?—None whatever, because Sir Alfred Pearce introduced her to me for a previous operation and I took her in that first time, and the matron of the Home had engaged her many times to nurse there; she had nursed there for months at a time.

3781. She would not be likely to be afraid of the matron?—She was so very friendly with the matron. She often said: "I cannot keep bothering the poor dear; she has got enough responsibility and worries; I cannot bother her with these little things."



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[Continued.]

3782. Had the nurse no power to call the doctor without the matron being called?—Apparently not; I have never heard of them calling the doctor without the permission of the matron. There were the most terrible signs of the condition that I was in and I was very ill.

3783. How many hours do you say it was before you were attended to?—At seven o'clock in the evening I gave a most awful cry, and I said: "I have burst my wound." "Oh," said the nurse; "you have no symptoms, of course you have not." I do not know if she told the night nurse when she came home at nine o'clock that I had complained; anyhow, soon after that there was other evidence that things were very wrong indeed.

3784. Was this nurse that was on duty at the time your nurse or the other one?—They were both my special nurses, but the second nurse had been provided by the Home. If I had gone to the Home no doubt they would have got the first nurse for me, because they knew she was a good nurse.

3785. Then it is really more a matter of complaint of bad nursing?—It is a complaint that they did not want to worry the matron, and they did not want to worry the surgeon to get him in late at night.

3786. That particular nurse would have been able, I take it, on her own responsibility to look at your wound in those conditions?—No, they are not allowed to look at a wound. Nobody but a surgeon is allowed to touch it for fear of sepsis until the surgeon gives permission for the bandage to be touched.

3787. That is not my experience; but in a case of that sort I should have thought that any nurse would have taken the responsibility of examining you in those conditions?—But these nurses are so afraid of bothering the matron, and the matron is so afraid of bothering the surgeon. Having been left with a 5-inch square rupture due to operation, my case was complicated.

3788. I should have thought they would have been much more frightened of running a risk of that sort?—They are not. Even next morning at ten o'clock I said: "Do you think Sir Lenthal Cheatele is coming?" and they said: "He might come to-night. He often does, but we had better 'phone and see if he is coming round." One is so terribly helpless. I pity the poor people who have no friends who can come to see them. You are absolutely out of touch. I have

even sent a letter down to the matron, but apparently it was never given to her.

3789. You had had this same sort of experience before, though not so serious a matter as that?—I was in a Home in Queen Anne Street many years ago, and then you were absolutely in their power; the nurses bullied you, and they said if you did not get on the doctor would bully them.

Dr. Vernon Davies.

3790. When Sir Lenthal Cheatele came in the morning he dressed your wound, did he?—He said: "I will sew you up." I said: "No, you will not. Ask Lord Dawson." He did not want me to be sewn up—He was present at the operation previously.

3791. But before that he undid the dressings, and he found the wound had burst?—I said I had burst, and he undid the dressings, and he found I had burst.

3792. Did he reprimand the nurse or the matron?—I told him exactly what happened.

3793. I did not ask you that? I cannot say, because he would not have done it before me; he is such a very polite sort of man.

3794. Did the nurse tell you afterwards that she had got into trouble for not sending?—No. The nurse would never own up that she is wrong; she always rides the high horse, and she told me certainly to move and do all sorts of things that the doctor said I was not to. The nurse said: "Do so and so." When I told Sir Lenthal Cheatele that the nurse told me to do so he said, "Don't do it." I said: "Will you speak to the nurse and tell her not to tell me to do it?" but he only said: "No, don't do it."

3795. You think the Nurses are afraid of the Matron?—I do not think anything about it; I am sure of it.

3796. And the Matron is afraid of the Surgeon?—Yes.

3797. And the Surgeon is afraid of the Matron?—Yes.

3798. And he is also afraid of the Nurses?—Yes.

3799. And the patient is in between the whole lot?—Yes. This bursting of mine meant a lot of horrible stuff and they washed out everything before the Surgeon came and did not let him see what had been going on all night long. Mine is only a typical case; if it happened to me it happens to other people too.



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[Continued.]

3800. It is not often that a wound opens?—No, because they have more than one set of stitches put in; some have four or five rows.

3801. That has to do with the surgeon?—That is so.

3802. It has nothing to do with the Home?—No.

3803. Were the rooms you were in clean?—This room of mine was only washed out twice in three months. My husband said he thought it was horribly dirty.

3804. Were the bedclothes clean?—No, when I went there I would not get into the bed; I had to send for a clean blanket when I was there this time.

3805. Why?—Because I said it was not clean and I made them get a clean one entirely for me. Then my husband was in a Nursing Home at 3, Devonshire Terrace.

3806. Have you ever heard of a good Nursing Home?—Yes, 9, Mandeville Place is excellent, but the food has got very bad lately. I want other poor wretches to have somebody to help them and prevent the Homes from going wrong as they often do, and you do not get proper attention. I think that there should be somebody to call in who would say: "Now you must speak to the Matron and you must have this and that done."

3807. Do you think registration or inspection would help that?—If you have a

good sensible woman who comes along and who can talk to the patients without the Nurses being in the room and ask: "Have you any complaint to make?" she could see pretty well the condition of the Home and the condition of the patient's mind and so on.

3808. You cannot expect the inspecting officer to go about like a policeman or police woman to ask for all complaints?—Certainly, as the question has cropped up, I think they should be registered, if only to hold a rod of iron over them all and let them fear the Inspector coming.

*Chairman.*

3809. Is there anything else you can think of that you would like to tell us?—No, only very strongly to emphasise about the Nurses going to septic cases. I think it is very much done now. The way sepsis is spread after operations I am perfectly certain is due to not having proper attention that you would get in a hospital; and my husband insisted on me telling you about these horrible gas fires. It is all a question of public health.

3810. Thank you very much. We are very much obliged to you.—I am afraid you will think it is all nonsense.

3811. No, that is quite what we wanted.—This was a very terrible case. You see even if a Doctor does run a Home the place is so in the power of the Matron and the Nurses; you want to be able to have someone to talk to.

*(The witness withdrew.)*

Miss "L.M." Called and Examined.

*Chairman.*

3812. You object altogether to the suggestion of registering Nursing Homes, do you not?—Yes, I do.

3813. Why do you object?—We want to know your reasons, because we have not yet heard anybody else who does really object?—I think I have stated my reasons in the letter that I sent.

3814. But we must just get it down from you; I will read out the letter: "If patients in a private Nursing Home are to be subjected to supervision by a Public Controller they might as well be inmates of a Public Institution. In other words: Public supervision of private nursing homes spells their extinction. They would cease to be private nursing homes if placed under State control." What exactly do you

mean by that?—They would not be private nursing homes if inspectors could come in.

3815. Once a year?—I was not thinking about once a year, but if they come and inspect the patients and disturb them and talk to them, would they be private nursing homes?

3816. Do you really think that patients would mind somebody coming in; perhaps it would not happen to nine patients out of ten that the inspector would actually go while they were in the Home; but once a year or, once in six months the Inspector might drop in and have a look over the accommodation and the appliances of the Home and go into the kitchen and that sort of thing. Do you think that would really be bad for the patients?—I think it would be disturbing to the patients



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Miss "L.M."

[Continued.]

if they came and did as a lady told me she did the other day. She went to a maternity home and she sat down by a patient and asked the patient questions and talked to her. Mine is not a maternity home and I take no surgical cases. Mine are simply rest cases: diabetes and old people.

3817. Do you object to it from the point of view of the patient, or do you object to it from your own point of view, because you think it would be bad for your Home, bad for you, in other words? Would you yourself mind inspection?—No, I should not like it.

3818. Why not?—Because I am English and I do not like that sort of thing.

3819. You go on to say: "It is alleged that some nursing homes are ill managed, and even put to wrong uses"?—Yes.

3820. You must know from your experience that that is the case?—I have never had anything to do with a nursing home of that kind. I have been told that it is so, and that is all I know.

3821. You have never been in any other nursing home?—No.

3822. You do not know any other people who keep nursing homes?—Yes, I know people who keep nursing homes and I have been told that some of the smaller maternity homes were badly managed. I have not heard anything about the others at all—not the general nursing homes.

3823. Will you tell us something about your own nursing homes?—Have you got all qualified and trained nurses?—Yes; my nursing home is quite small.

3824. How many do you take?—I could take 12; I have never had more than five yet. I have had the nursing home for about two years, and I have had about five patients at a time. I have one trained nurse and myself, and I have three other nurses on my books, and when I want them I have them.

3825. Are they all trained nurses?—Yes.

3826. Is this a house that you have had adapted for the purposes of a nursing homes?—Yes.

3827. Does every patient have a separate room?—No, I have one room in which I have two beds and three tiny cots, and three other rooms have two beds in, and one room has one bed.

3828. What sort of staff of domestic servants do you keep to keep the place

clean?—I have one servant in the house and the others I have in. I have one resident maid and others come in all day.

3829. You can manage with that to keep everything in good order?—Yes, I can manage quite well.

3830. How do you arrange the food for your patients? Do they all feed together, or do they all have separate meals?—They all have their separate trays.

3831. Are they all bedridden?—For the most part they are. I have one blind patient who gets up every morning and sits in her room. She has her tray on her table.

3832. Most of your patients are poor old people whose friends put them into your Home. Is that it?—I have one who has been with me nearly two years now. She came to me and was with me for about a year, and then she thought she would like a change, so she went away for a little while and she came back again. Then I have another one who is a nerve case, and she is only in for a short time until she gets better. Then I have one man patient who has got psoriasis.

3833. Does the doctor come in and see these patients occasionally?—Yes, their own doctor, whatever doctor they have. Each of these patients has a different doctor; they are not all under one doctor.

3834. Might I ask how much you charge a week?—I charge all those patients I have now, three guineas.

3835. Only three guineas?—Yes, only three guineas; and it is with a very great effort that the son of the blind lady pays the three guineas. He has not much to do it with; he is just a cashier in a bank, I think.

3836. You are rather of opinion, I take it, that if we did have registration and inspection, it might send up the requirements of the Home and so send up the price?—Yes, it might do so.

3837. Do you think that would be so with you?—I do not think so.

3838. Do you think it is a good thing that people should go to these Homes at 50s. to three guineas a week? Do you think as a rule they are well looked after?—I do not know; I have had no experience.

3839. You have had no experience except of your own Home?—No.

3840. I understand you have only kept it yourself for two years?—Yes, I have only had it for two years.



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Miss "L.M."

[Continued.]

3841. Are you a trained nurse?—Yes.

3842. Are you State Registered?—No.

3843. You have no qualification?—I was trained at the Bucks Infirmary. After that I went to St. Peter's Home, Woking, and I was there for three and a half years, and they were all patients of the kind that I am taking. Then after that I went to Lancashire, to Wigan, and I did district nursing there for 11½ years. Then I took charge of a Home of Rest, and I was there between two and a half and three years. Then I was very ill and I gave it up for some time.

*Sir Richard Luce.*

3844. You are a fully trained nurse?—Yes.

3845. Although you are not State Registered?—No.

3846. You have had three years training?—No, I did not have three years training.

3847. Are you in a position that you could have taken the State Registration if you had liked?—Yes, I think I could.

3848. You could have done, if you had wished to?—Yes, I think so.

3849. You could not now, but you could have done so in the early stages?—Yes, I think so. I could not now and I do not want to.

3850. Why would you not welcome inspection, if your place is satisfactory? After all, Inspectors must be reasonable people; why do you think that they would be troublesome to you?—My experience of Inspectors is that they are troublesome.

3851. Which class of Inspectors are you thinking of at the moment?—For three and a half years I went to the Princess Mary Village Homes and I had charge of the health of children there—it is an Industrial School; I dare say you know it—and I know what it was there. We had the Home Office Inspectors and we also had the County Council Inspectors down. It was not that one minded in a way, but I think the tension is so great.

3852. Do you not think that is likely to improve the standard of Homes—the fact that there is a certain amount of tension and anxiety, knowing that you are going to be inspected. I am not speaking about your own Home for the moment?—From my point of view, I do not think so. It might be all right one

week; it might not be all right the next, if people are not conscientious and do not do right; and it is very difficult to find good nurses now; the class of nurses that are coming along now are not of the most conscientious, many of them.

3853. You say that the nurse that you have is fully qualified. Is she registered?—I believe my nurse is State Registered for fever work, but I know she is not State Registered generally. I take no operation cases, so I really do not feel that I am obliged to have them, though I want a trained nurse.

3854. Fever registration is good medical training?—Yes; I think for fever they are well trained. She is a very good nurse and I have no fault to find with her.

*Mr. Hurst.*

3855. You have one nurse in your employ?—Yes.

3856. When you want other nurses, is there any difference in cost, so far as your experience goes, between a State Registered nurse and a non-registered nurse? Do you pay them the same?—I really do not know.

3857. Assuming that in time it was made a condition that a nursing home must have a certain proportion of State Registered nurses, would that make any difference in the cost?—I should think it probably might do so; and certainly for the kind of nursing home which I want to have, I do not think it is necessary to have State Registered nurses. I want a good nurse, but there are good nurses who cannot take the State Registration.

3858. Why cannot they take the State Registration? Have you ever considered, yourself, for instance, what the qualifications are for getting on to the Register?—I do not know that I have; I mean, there are some nurses who are not quite as young as they used to be, and could they take the State Registration.

3859. Have you ever reflected on whether it would make any difference in the cost of keeping up your home if you had to have, say, one State registered nurse?—No, I have not thought about it.

*Sir Richard Luce.*

3860. The one you have is State registered?—She is State registered for fever work.



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Miss "L.M."

[Continued.]

*Mr. Hurst.*

3861. You say that you think that if we had registration it would be an insult to patients and an insult to yourself. That is putting it rather high. How would it be an insult to you if your home was a registered nursing home?—I think that one ought to be able to manage one's own home. I am not out to make money; I really am not.

3862. If being registered was a mark that you had reached a certain standard you would be rather proud to call your home a registered nursing home, would you not?—Yes, I do not mind registration so much.

3863. It is inspection which you object to?—It is inspection.

*Dr. Vernon Davies.*

3864. Do you think there is a certain type of home which would be the better for inspection?—I suppose there must be, since I am told that these homes are used for purposes for which they should not be used, and so on; but I have not come across them, I am obliged to say that; and so far as regards the homes I know I have never heard any thing against them, and I cannot think why patients go again and again if the homes are so bad. I cannot understand a surgeon, for instance, going into a house day by day and seeing patients neglected, and doing nothing or saying nothing. I cannot understand that. I should expect one of my doctors to tell me if he thought I was not properly looking after a patient, and would thank him for telling me.

3865. Do you think that some doctors might be afraid of offending, and, instead of making a complaint, next time they would send their cases to another home?—I should not think so.

3866. I think that does happen. A doctor might say: "Well, I do not like to upset the matron or the proprietress; instead of having a row or any trouble I shall not send any more cases here"?—I should be very much obliged to him if he would tell me.

3867. I dare say, because you would like to know what was wrong?—Yes, I would.

3868. Do you think you might bring yourself to see that the inspection and the registration of nursing homes would ultimately be for the good of bad homes?—I do not feel so at present.

3869. Would you be surprised to know that people in charge of very high-class homes are the most anxious to have this inspection and registration? Can you understand that?—I suppose we look at it from different points of view.

3870. Exactly. The attitude they take is this: "My home is such a good home that I do not fear inspection, and if I am inspected it is a certificate in favour of my home"?—I would be very pleased if any of you would come and see my home. I do not mind that.

3871. That is not the point. So if that worked down throughout the whole class of homes what would happen in a short time would be that all the bad homes would be eliminated and just the good homes would remain. We do not expect every home to be of the same standard, naturally?—Of course, I quite think that in homes where these very serious operations are done you want every one of your nurses to be trained in the latest methods of surgery.

3872. That is not the whole point. We have to think also of the patient, and even in chronic cases or the type of case that comes to your Home, one wants to feel that they are having the best value that they can for the money that they pay. Because there is a suspicion that in some places they may not be getting sufficient attention or sufficient food, or are not kept clean enough. You would not object to being inspected on those grounds, would you?—No, I would not.

3873. Therefore it is really only the bad Homes that would object?—Yes, I see.

3874. Does it alter your view at all, do you think, looking at it from that point of view: that it is to the advantage of the decent Homes to be inspected and it gives them a certificate to the public. Do you see that advantage?—Yes, I see that advantage.

3875. Do you think that would overcome the objection you had when you entered this room?—I do not think so.

3876. If you had to be inspected, by whom would you prefer to be inspected—by a doctor or a nurse or both?—I would prefer to be inspected by a doctor.

3877. Not a nurse?—No.

3878. Why?—Because I think doctors would be more just than nurses.

3879. You would have more confidence in a doctor?—Yes, I should.

3880. Would you rather be inspected by a local doctor; supposing you are in



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Miss "L.M."

[Continued.]

a town, by the Local Medical Officer of Health, or would you prefer the County Medical Officer of Health?—I do not think I should mind which it was.

3881. As long as you had inspection, you want to be inspected by a doctor and you would not mind which doctor?—No.

Mr. Haslam.

3882. Yours is a Home for people who are chronically ill; it is not for surgical cases?—Yes, that is so; I take no surgical work.

3883. You do not profess to, and you do not take them?—No. My house is not equipped in any sense of the word for operations. From some of the hospitals I have had patients when the wound is quite well and they have needed feeding up and rest and perhaps more than they could get at home, and they have come to me for a few weeks and got well and strong and able to go back to whatever life they were living.

3884. And they get the rest in your Home which they could not obtain at home—the rest and the attention and the feeding up?—Yes. I never have them disturbed in the early morning. We do not begin at five o'clock in the morning, because we have not to prepare for surgeons to come and do dressings, or see wounds, and that kind of thing. Sometimes the doctor will come twice or three times a week, or he may come every day, but at any rate it is a Home, and I want the patients to get the rest, and so we do not begin very early. They have a cup of tea at seven o'clock, and then breakfast somewhere between half-past eight and a quarter to nine. The trays are beginning to be taken round about half-past eight, and then they have their lunch at one o'clock, and their tea at four o'clock, and their supper between half-past seven and eight.

3885. In regard to the previous inspections that you referred to in some Home that you had been in, what was it that you objected to? Did the Inspectors not look sympathetically at things, or did they make unreasonable requirements?—They do. They seem to have no idea of the expenses that they are putting you to.

3886. They just say you ought to have this and you ought to have that?—Yes; and do this and do that and do the other thing, and, of course, one's purse will not permit it.

3887. Those inspectors that you have had experience of yourself you think are rather unreasonable; they put forward unreasonable demands?—Yes. Of course, I am speaking of an Industrial School; I had charge of the health of the children there. We had 180 children.

Chairman.

3888. You had the Home Office Inspector there?—Yes, Home Office and London County Council.

Mr. Haslam.

3889. And your experience of inspectors is such that you do not want any more?—I do not think I do.

Sir Richard Luce.

3890. Which in your opinion are the worst?—The County Council. I liked the Home Office Inspectors as far as they went; they were very nice; the County Council Inspectors were very difficult.

Chairman.

3891. Thank you very much. We are much obliged to you for coming.—I am afraid I have not been of very much good.

3892. We are always glad to hear your point of view.—Thank you.

(The witness withdrew.)



APPENDIX I.

TABLE OF FIGURES extracted from the Census Returns of 1921 for England and Wales handed in by Mr. L. G. Brock, C.B.

(See Question 119.)

Class of Institution.								Number.
Workhouses	...	...	...	...	...	...	...	631
Separate Poor Law Institutions for Sick	...	...	...	...	...	...	...	77
Other Poor Law Institutions	...	...	...	...	...	...	...	758
Homes, &c., for Lunatics, &c.	...	...	...	...	...	...	...	345
Homes, &c., for Cripples	...	...	...	...	...	...	...	67
Homes, &c., for Blind	...	...	...	...	...	...	...	83
Homes, &c., for Deaf and Dumb	...	...	...	...	...	...	...	35
Hospitals (not Naval or Military)	...	...	...	...	...	...	...	1,945
Convalescent and Nursing Homes	...	...	...	...	...	...	...	2,189
Prisons	...	...	...	...	...	...	...	48
Reformatory Schools, &c.	...	...	...	...	...	...	...	185
Homes for Inebriates	...	...	...	...	...	...	...	9
Naval or Military Hospitals	...	...	...	...	...	...	...	48
Naval or Military Barracks	...	...	...	...	...	...	...	745
Ships of the Royal Navy	...	...	...	...	...	...	...	534
Ships other than Royal Navy	...	...	...	...	...	...	...	5,241
Inland Barges and Boats	...	...	...	...	...	...	...	1,760
Total								14,700

The classification of institutions at the 1921 Census was based on the card index in use in the Statistical Department. In accordance therewith, an institution described as Nursing or Maternity Home was classified either to "Hospitals" or to "Nursing Homes" according as to whether it was under public or private control, *i.e.*, whether or no it was run for profit. Hence the 2,189 Convalescent and Nursing Homes given for England and Wales in the Census tables is short of the total by an unknown number of the larger Maternity Homes.

*Note.*—It is understood that the figures for Convalescent and Nursing Homes only include those institutions actually describing themselves as such; and, therefore, presumably those nurses, or other persons, who take one or two patients into their private houses, but do not advertise or hold themselves out as conducting a Nursing Home in the ordinary sense, are excluded. Hence, for the purposes of this Enquiry, the figure of 2,189 is short by an unknown number.

APPENDIX II.

TABLE put in by Dr. M. A. C. Douglas-Drummond relating to the houses registered as Maternity Homes in Manchester.

(See Question 2794.)

Number of Homes.	
17 are mixed Medical Surgical Nursing Homes doing Maternity work.	
7 are purely Maternity Homes.	
3 are Maternity Homes where provision is made for taking lodgers.	
Total	27



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### APPENDIX III.

LETTER from Dr. *F. N. Kay Menzies* relating to the number of Nursing Staff engaged in Registered Lying-in Homes in London.

(See *Questions* 2435-2437.)

London County Council,  
Public Health Department,  
The County Hall,  
Westminster Bridge, S.E.1,  
21st May, 1926.

Dear Sir Cyril,

One of the questions which was addressed to me by a member of your Nursing Homes Committee on Wednesday, had special reference to the nursing staff engaged in the work of the registered lying-in homes in London. I find on going into the figures carefully, that out of 555 nurses engaged in these homes, 433 are either certified midwives or hold the three years' nursing certificate. The great bulk of the remainder, certainly not less than 93, are either probationers or partially trained nursing staff.

In addition to the 555 nursing staff referred to above, I am informed that in certain of the homes it is the practice to increase the number of trained nursing staff in proportion to the demand made upon the beds.

It will be obvious that the beds are not always fully occupied, particularly in some of the larger homes, and, therefore, the nursing staff is to some very small extent fluctuating in number.

Yours sincerely,

(Signed) *F. N. Kay Menzies.*

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### APPENDIX IV.

LETTER put in by Miss *M. S. Rundle*, R.R.C., Secretary, College of Nursing, Ltd.

(See *Report*, paragraph 7.)

15th June, 1926.

The Clerk to the Select Committee on  
Registration of Nursing Homes,  
The House of Commons, S. W.1.

Dear Sir,

The Council of the College of Nursing is sending you herewith 337 signatures of those in favour of the Registration of Nursing Homes.

These signatures represent three groups; *i.e.*,

Owners,  
Matrons,  
Matrons who are also owners.

They were obtained through the secretaries of College Local Branches throughout the country, but do not of necessity represent College of Nursing Members, the addresses having been secured through the local Telephone Directories.



I enclose a list of the Local Branches of the College which will indicate the areas covered ; there remain many districts, however, from which opinions have not been collected.

The Council will be much obliged if you will kindly place these signatures before your Committee.

I remain,  
Yours faithfully,  
(Signed) M. S. Rundle,  
Secretary.

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*Analysis of Signatures.*

Area.		By whom submitted.			
		Owner.	Owner and Matron.	Matron.	Total.
London and District	...	10	132	30	172
26 Country Districts	...	17	109	39	165
		27	241	69	337

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ON  
NURSING HOMES  
(REGISTRATION)

TOGETHER WITH THE  
PROCEEDINGS OF THE COMMITTEE, MINUTES  
OF EVIDENCE, APPENDICES AND INDEX.

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